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CITY OF WORCESTER



# ANNUAL REPORT

ON THE

## HEALTH OF THE CITY

FOR THE YEAR

### 1957

BY

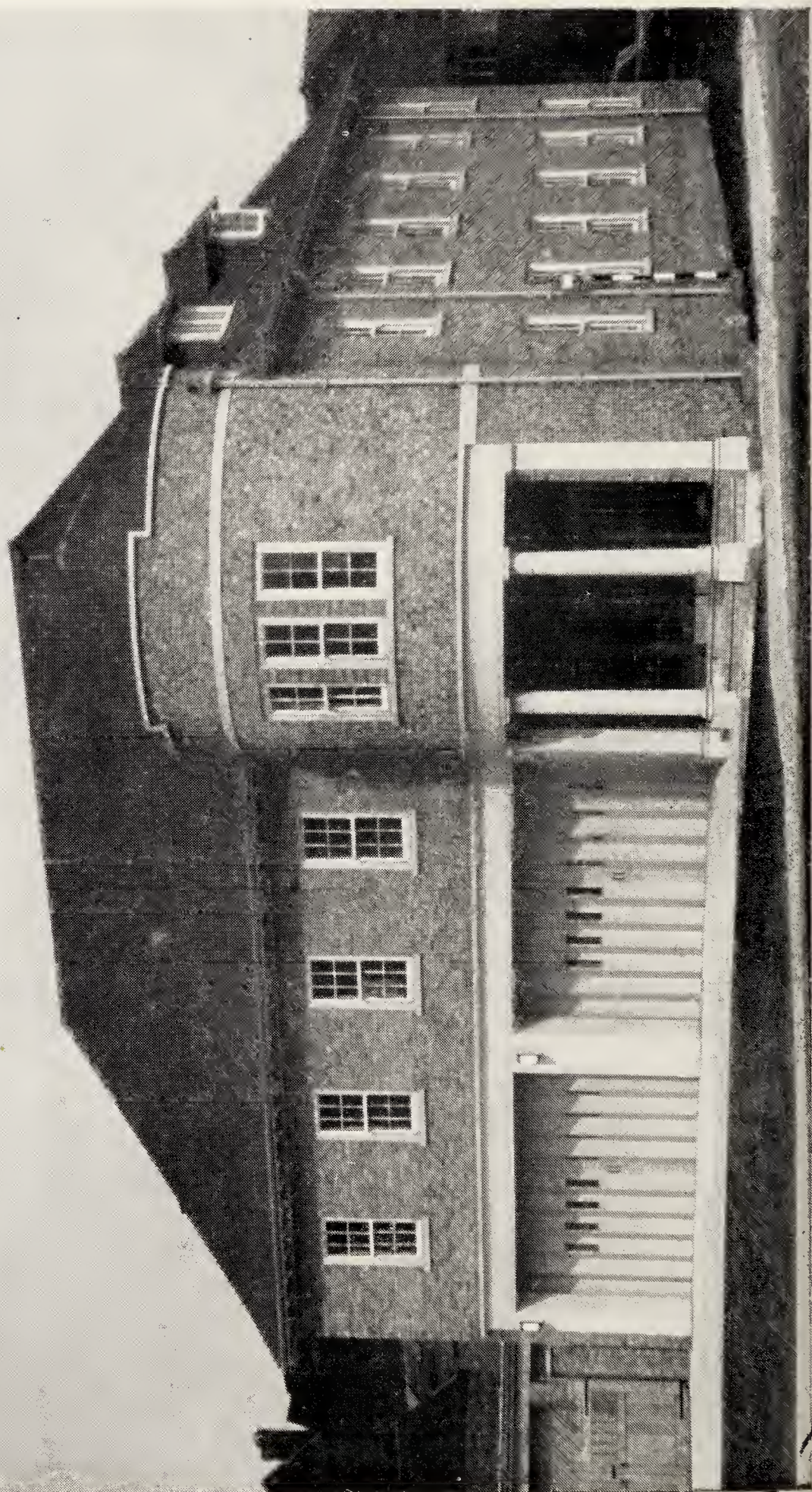
A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.

*Medical Officer of Health*
















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BY

A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.

*Medical Officer of Health*

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## THE HEALTH COMMITTEE, 1957

### CITY COUNCIL MEMBERS

<i>Chairman</i>	- - -	ALDERMAN SPALDING
<i>Vice-Chairman</i>	- -	ALDERMAN BUILT
<i>The Mayor</i>	- -	COUNCILLOR H. A. RICHARDS
		ALDERMAN BROTHERTON
		ALDERMAN BENNETT
		ALDERMAN DANIEL
		ALDERMAN MRS. RATCLIFFE
		COUNCILLOR MISS DORRELL
		COUNCILLOR EVANS
		COUNCILLOR EXALL
		COUNCILLOR GLOVER
		COUNCILLOR HART
		COUNCILLOR KERR
		COUNCILLOR MRS. LETTICE
		COUNCILLOR MUNSLOW
		COUNCILLOR WATTS
		COUNCILLOR WEAVER

### NON-COUNCIL MEMBERS (Nominated by the Local Executive Council)

<i>Representing the Medical Profession</i>	DR. D. M. BRIERLEY DR. P. H. MULHERN DR. MARGARET NORTON
<i>Representing the Ophthalmic Profession</i>	MR. I. LLOYD JOHNSTONE
<i>Representing the Dental Profession</i>	MAJOR H. M. GRIFFITHS
<i>Representing the Pharmaceutical Profession</i>	MR. G. A. TURNER

## HEALTH SUB-COMMITTEES

### *Accounts*

ALDERMAN BROTHERTON  
ALDERMAN BUILT  
ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING  
COUNCILLOR WATTS

### *Baths*

ALDERMAN BROTHERTON  
ALDERMAN SPALDING  
COUNCILLOR EVANS  
COUNCILLOR HART  
COUNCILLOR WATTS

COUNCILLOR WEAVER  
MISS F. EVANS (nominated by  
Worcester School Sports  
Association)

### *Health Centres*

ALDERMAN DANIEL  
ALDERMAN MRS. RATCLIFFE  
ALDERMAN SPALDING  
COUNCILLOR EXALL

DR. J. M. DUNCAN  
DR. C. T. MILLS  
DR. P. H. MULHERN  
MR. R. M. HALL (nominated by  
the City of Worcester  
Executive Council)  
MR. E. R. HARRIS  
MR. I. LLOYD-JOHNSTONE

### *Mental Health Services*

ALDERMAN BROTHERTON  
ALDERMAN MRS. RATCLIFFE  
ALDERMAN SPALDING  
COUNCILLOR MISS DORRELL

COUNCILLOR MRS. LETTICE  
MR. G. A. TURNER  
MR. T. H. GRIFFITHS  
(Co-opted Member)



*Midwifery etc.*

ALDERMAN BENNETT	COUNCILLOR MISS DORRELL
ALDERMAN BUILT	COUNCILLOR MRS. LETTICE
ALDERMAN MRS. RATCLIFFE	COUNCILLOR WEAVER
ALDERMAN SPALDING	DR. P. H. MULHERN
	DR. MARGARET NORTON

*Property Inspection*

ALDERMAN BENNETT	COUNCILLOR MISS DORRELL
ALDERMAN DANIEL	COUNCILLOR GLOVER
ALDERMAN MRS. RATCLIFFE	COUNCILLOR KERR
ALDERMAN SPALDING	COUNCILLOR MUNSLOW
COUNCILLOR WATTS	COUNCILLOR WEAVER

*Staffing*

ALDERMAN BENNETT	ALDERMAN DANIEL
ALDERMAN BUILT	COUNCILLOR MISS DORRELL
ALDERMAN MRS. RATCLIFFE	COUNCILLOR GLOVER
ALDERMAN SPALDING	COUNCILLOR WEAVER

# PUBLIC HEALTH DEPARTMENT STAFF, 1957

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER	A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.
ASSISTANT MEDICAL OFFICERS OF HEALTH	Elizabeth G. Henderson, M.B., B.Ch., B.A.O., D.P.H. (a)  Moira K. E. Allington, B.A., M.B., B.Ch., D.C.H. (a)
CHEST PHYSICIAN (part-time)	E. N. Moyes, M.R.C.P. (Chest Physician Regional Hospital Board)
CHIEF DENTAL OFFICER	E. R. DOWLAND, L.D.S., R.C.S. (Eng.) (a)
DENTAL OFFICER	Betty Savage, B.D.S., L.D.S. (a)
DENTAL ATTENDANTS	Miss A. Badham (a)  Miss B. J. Seers (a)
PUBLIC ANALYST	Mr. M. M. Love, F.R.I.C. (County Analyst—Services utilised by arrangement with Worcestershire County Council)
CHIEF PUBLIC HEALTH INSPECTOR	Mr. T. W. Marsden (b) (c) (d) (e)
DEPUTY CHIEF PUBLIC HEALTH INSPECTOR	Mr. T. H. Cutler (b) (c) (d) (Commenced duty 21st January, 1957)
DISTRICT PUBLIC HEALTH INSPECTORS	Mr. R. J. Morse (b) (c) (d) (Resigned on 17th March, 1957)  Mr. J. H. Benjamin (b) (c)  Mr. H. Jackson (b)  Mr. J. B. Jones (b) (c) (Commenced duty 21st January, 1957)  Mr. T. H. Owen (b) (c) (Commenced duty 1st June, 1957)

PUPIL PUBLIC HEALTH INSPECTOR	Mr. C. A. L. E. Fletcher (Commenced duty 9th September, 1957)
TUBERCULOSIS HEALTH VISITOR	Miss D. H. Edgar (i) (m)
SUPERINTENDENT HEALTH VISITOR AND SCHOOL NURSE	Miss D. M. Catlin (a) (f) (h) (i)
HEALTH VISITORS AND SCHOOL NURSES	Miss N. Hardiman (a) (g) (h) (i) (p) Miss O. R. Jones (a) (f) (h) (i) (j) Miss B. A. Flint (a) (g) (h) (i) (j) Miss M. A. Mander (a) (g) (h) (i) (n) Miss P. O. Viles (a) (f) (h) (i) (j) (o) Miss B. Rhodes (a) (f) (h) (i) (Commenced duty 2nd July, 1957) Miss E. M. George (a) (f) (h) (i) (Commenced duty 2nd July, 1957)
SUPERINTENDENT, NURSING INSTITUTE AND NON-MEDICAL SUPERVISOR OF MIDWIVES	Miss E. M. Bazley (f) (h) (i) (j)
ASSISTANT SUPERINTENDENT, NURSING INSTITUTE	Miss H. M. Downes (f) (h) (j)
CLERK AT NURSING INSTITUTE	Miss M. M. Parsons
DOMICILIARY MIDWIFE	Mrs. E. A. Williams (f) (h) (s) (Commenced duty 9th July, 1957)
MIDWIVES NURSING INSTITUTE	Miss M. Martin (f) (h) Miss J. E. Curnow (f) (h) (Commenced duty 16th July, 1957)
CHIEF CLERK	Mr. P. M. Christian
ASSISTANT CLERKS	Mr. J. A. Everett Miss E. C. Griffin Miss B. A. Lacroix Miss J. Alford Mr. I. Davis

ASSISTANT CLERKS	Miss M. F. Dunne Miss M. Hawkins Miss P. M. Sampson Miss S. Usher Mr. J. V. Bluett (Resigned 30th April, 1957)
DULY AUTHORISED OFFICERS	Mr. W. H. Horne (h) (q) Mr. J. A. Everett (r)
DISINFECTOR, VAN DRIVER, ETC.	Mr. C. A. Webb
RODENT OFFICER	Mr. P. Rowberry
DAY NURSERIES—MATRONS	Miss C. Pain (k) Miss M. E. Griffin (l)
OCCUPATIONAL THERAPIST PART-TIME	Miss J. D. Stott (Resigned 8th November, 1957) Miss J. Fletcher (Commenced duty 8th November, 1957)

- (a) Joint appointment—Maternity and Child Welfare and School Health Service.
- (b) Inspector's Certificate of the Royal Sanitary Institute.
- (c) Certificate of the Royal Sanitary Institute for the Inspection of Meat and other Foods.
- (d) Smoke Inspector's Certificate.
- (e) Sanitary Science as applied to Buildings and Public Works.
- (f) Certificate of Midwives Board.
- (g) Certificate of Midwives Board, Part I.
- (h) State Registered Nurse.
- (i) Health Visitor's Certificate.
- (j) Queen's Nurse.
- (k) Norland Trained Nursery Nurse.
- (l) Princess Alice Nursery Nurse.
- (m) Certificate of Tuberculosis Association.
- (n) Parentcraft Teaching Certificate.
- (o) Registered Sick Children's Nurse.
- (p) Ear, Nose and Throat Certificate.
- (q) State Registered Mental Nurse.
- (r) Relief duties only.
- (s) Fever trained.



# ANNUAL REPORT

## ON THE

# HEALTH OF THE CITY

### BY

A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.  
*Medical Officer of Health*

*To the Right Worshipful the Mayor, Aldermen and Councillors  
of the City of Worcester.*

MR. MAYOR, LADIES AND GENTLEMEN,

It would be indeed strange if in presenting this, my last Annual Report, I did not nostalgically review the span of the 28 years that have winged their way since, bouyed up with youth, hope, and enthusiasm, I assumed the office of Medical Officer of Health for the City.

In 1930 the Public Health Service was riding high, the future of Preventive Medicine was roseate and its high priests had no inkling of the disappointments that 1948 would bring.

Despite these setbacks it is satisfying to record the solid gains made in the standard of public health.

One of the most reliable indices of the state of public health is the survival of infants or, expressed less euphemistically, the Infant Death Rate—the number of infants dying in any one year out of every 1,000 born—in 1930 the figure was 52, in 1957 it was 23·2 (not the lowest figure we have recorded).

Put in another way as our annual figure of births is conveniently about 1,000, to-day 29 babies live who would have died if born in 1930.

To-day the risk of a woman dying in childbirth is only  $\frac{1}{8}$  of what it was in 1930.

In the saving of life from infectious diseases the contrast is even more striking, in 1930 there were 65 cases of diphtheria with 2 deaths and in 1937 notifications reached 175 with 14 deaths. For six years not a case of diphtheria has been notified and it is 13 years since a death occurred. It is a not unreasonable or unrealistic calculation that the saving of lives for the elimination of diphtheria has over the years been in the region of 162 with a productivity value of £2,500,000.

The death rate from tuberculosis has fallen from 0·86 to 0·11. No longer is tuberculosis first diagnosed when it is hopeless, on the contrary, as a cause of death tuberculosis is rapidly on the way out.

The medical officers of my generation were specially trained in the diagnosis, treatment and control of infectious diseases, now these weapons hardly count in our armoury.

When I came to the City, milk jugs were filled in the street by peripatetic vendors and prosecutions for watering it were frequent. A transformation has taken place in its production and distribution; for some years the City has been a "heat treated" zone and bone and joint tuberculosis has virtually vanished.

Accompanying these gains indeed to some extent dictating them have been far-reaching social changes accelerated by the war, which made the City a reception area. From being a country type, county town the City has become the centre of thriving light industries, population has been attracted and building stimulated.

As elsewhere the altered distribution of wealth has brought in the day of the common man so dear to the heart of the late H. G. Wells, on every hand is evidence of prosperity and materialism—the few financial sufferers are the former middle classes now ground between the upper and nether mill stones of labour and capitalism.

The shackles of ignorance have been struck off—educational opportunity is unbounded—and general morality hardly bears enquiry! In this age of the atomic bomb the general acceptance of the doctrine "Eat, drink and be merry for to-morrow we die" is perhaps to be expected.

Material gains seem to have produced spiritual losses, crime, particularly in the form of crime with violence, seems to be on the increase. accommodation in the gaols is strained and juvenile courts are busy.

Statistically mental illness is on the increase; soon it will be a distinction not to have at any time been an in-patient in a mental hospital.

It could be that the vanishing prejudice against mental hospitals is uncovering cases hitherto concealed, on the other hand there is ample evidence of lack of self-discipline and inability to make proper use of the constantly increasing leisure time—illustrating the old adage "Satan finds mischief for idle hands to do".



Little headway has been made in the prevention of mental illness, nor can it be claimed that the after-care of the mentally sick is expanding. Liaison with the mental hospital is not satisfactory and many discharged patients are deprived of the local authority after-care service while some are subjected to duplicate visits.

After-care of discharged psychiatric patients is, I feel, the responsibility of the local health authority through its after-care service (Section 28 National Health Service Act, 1946) and psychiatric social workers attached to hospitals should confine their activities within the hospital walls.

Unfortunately plans to set up a mental health centre have had to be temporarily shelved on account of financial stringency, it is probable that an additional mental health worker may before long be required.

The local authority's five year slum clearance proposals are being steadily implemented, although rehousing is somewhat slowed down by the lengthy procedure of clearance area orders and Compulsory Purchase Orders; nevertheless I see no difficulties in completing the programme within the allotted period.

The year saw some recrudescence of poliomyelitis (Infantile Paralysis) and the gradual operation of the Ministry of Health's immunisation policy which has had a chequered and much criticised career.

Administration of the scheme by local authorities has bristled with difficulties and by the end of 1957 little headway had been made. The operation of this plan, which is entirely a public health preventive measure, might with advantage have rested solely with public health departments and certainly domiciliary medical practitioners have little inducement to popularise the measure.

In the field of food hygiene good gains have been made though present labour conditions tend to shelter those defaulters who are indifferent to food hygiene standards.

Work on the new Ambulance Station at Birdport proceeds apace and there is every likelihood of the completion before the summer of 1958 of this station—which will enhance the appearance of Birdport and be a permanent reminder of the happy co-operation between the County and the City.

Public Health propaganda—though disseminated daily by the departmental staff—does not assume its rightful proportions and exert its proper influence owing to the shortage of medical staff.

In previous years I have indicated how the time of a Medical Officer of Health is wastefully used owing to the shortage of an administrative deputy, apparently considered essential in other departments of the Council.

Over the years immersion in detail has prevented me from surveying the scene—from checking the working of the machine and from indulging in experiment and research.

This criticism aside, the work has been enjoyable and at times rewarding, I have had in the main a conscientious and loyal staff to whom my thanks go out, especially to those old faithfuls who have been with me from the beginning. Hardly without exception my local government colleagues in other departments have been most helpful and co-operative.

Since our installation in Church House working conditions for staff have been excellent and have enhanced the family atmosphere of the department. Of the five local authorities for whom I have worked in the public health service none have been more considerate than the Worcester Council and Health Committee.

To my staff past and present, to my local government colleagues and to members of the Council I say a reluctant and regretful

Ave atque vale

I have the honour to be

Your obedient Servant,

A. J. B. GRIFFIN.

*Medical Officer of Health.*



## SECTION I

## GENERAL STATISTICS

Area (in acres) ... ..	6,114
Estimated population ... ..	63,630
Number of inhabited dwellings ... ..	20,488
Number of persons per dwelling ... ..	3·107
Rateable value of the borough ... ..	£872,926
Product of a Penny Rate ... ..	£3,477

## VITAL STATISTICS

	<i>City of Worcester</i>	<i>England and Wales</i>
Deaths (all causes) ... ..	714	514,946
Death Rate per 1,000 population ...	11·64	11·5
Births Live ... ..	990	722,952
Birth Rate per 1,000 population ...	14·94	16·1
Stillbirths ... ..	20	16,554
Stillbirth Rate (per 1,000 total live and stillbirths) ... ..	19·8	22·4
Infant Deaths ... ..	23	16,641
Infant Death Rate (number of deaths per 1,000 live births) ... ..	23·2	23·0
Maternal Deaths ... ..	Nil	349
Maternal Death Rate (number of deaths of mothers per 1,000 live and stillbirths) ... ..	Nil	0·47
Death Rate from all forms of Tuberculosis ... ..	0·11	0·107

## COMMENT UPON STATISTICS

## BIRTHS

These showed a reduction of 20 compared with 1956 with a corresponding fall in the birth rate.

Thirty-six were illegitimate giving a rate of 35·6 per 1,000 live and stillbirths.

Below are listed births and birth rates for the past ten years.

<i>Year</i>				<i>Number of births</i>	<i>Rate per 1,000 population</i>
1948	...	...	...	1,118	18·16
1949	...	...	...	999	14·5
1950	...	...	...	979	15·6
1951	...	...	...	908	14·55
1952	...	...	...	989	15·5
1953	...	...	...	1,026	16·3
1954	...	...	...	961	14·5
1955	...	...	...	919	13·9
1956	...	...	...	1,010	15·29
1957	...	...	...	990	14·94

## DEATHS

City deaths at 714 showed a slight fall and gave a rate of 11·64 compared with 11·5 for England and Wales as a whole.

An analysis of the deaths is given in the following Registrar General's abridged table:

Age Groups	0+	1+	5+	15+	25+	45+	65+	75+	Total
1 Tuberculosis, respiratory ..	—	—	—	—	2	4	—	1	7
2 Tuberculosis, other ..	—	—	—	—	—	—	—	—	—
3 Syphilitic disease ..	—	—	—	—	—	1	—	—	1
4 Diphtheria .. ..	—	—	—	—	—	—	—	—	—
5 Whooping cough ..	—	—	—	—	—	—	—	—	—
6 Meningococcal infections ..	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis ..	—	—	—	—	—	—	—	—	—
8 Measles .. ..	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases .. ..	—	—	—	—	—	—	—	1	1
10 Malignant neoplasm, stomach .. ..	—	—	—	—	—	5	7	4	16
11 Malignant neoplasm, lung, bronchus .. ..	—	—	—	—	1	18	10	4	33
12 Malignant neoplasm, breast ..	—	—	—	—	1	8	—	2	11
13 Malignant neoplasm, uterus ..	—	—	—	—	1	1	1	2	5
14 Other malignant and lymphatic neoplasms ..	—	—	1	—	7	23	20	26	77
15 Leukaemia, aleukaemia ..	—	1	—	—	—	3	—	—	4
16 Diabetes .. ..	—	—	—	—	—	1	1	—	2
17 Vascular lesions nervous system .. ..	—	—	—	—	1	17	35	54	107
18 Coronary disease angina ..	—	—	—	1	1	26	26	33	87
19 Hypertension with heart disease .. ..	—	—	—	—	—	1	6	11	18
20 Other heart diseases ..	—	—	—	—	3	10	20	78	111
21 Other circulatory diseases ..	—	—	—	—	1	6	5	7	19
22 Influenza .. ..	—	—	—	—	—	1	3	2	6
23 Pneumonia .. ..	4	1	—	—	—	4	—	20	29
24 Bronchitis .. ..	—	—	—	—	—	12	13	18	43
25 Other diseases of respiratory system .. ..	—	—	—	—	—	2	4	—	6
26 Ulcer of stomach and duodenum .. ..	—	—	—	—	—	3	1	2	6
27 Gastritis, enteritis and diarrhoea .. ..	—	—	—	—	—	1	—	—	1
28 Nephritis and nephrosis ..	—	—	—	1	1	1	1	1	5
29 Hyperplasia of prostate ..	—	—	—	—	—	—	—	3	3
30 Pregnancy, child-birth abortion .. ..	—	—	—	—	—	—	—	—	—
31 Congenital malformations ..	6	—	—	—	1	1	—	—	8
32 Other defined and ill-defined diseases .. ..	13	—	1	1	3	8	13	34	73
33 Motor vehicle accidents ..	—	1	—	2	1	—	1	1	6
34 All other accidents .. ..	—	—	1	1	2	4	3	6	17
35 Suicide .. ..	—	—	—	—	1	2	6	1	10
36 Homicide and operations of war .. ..	—	1	—	—	1	—	—	—	2
Totals	23	4	3	6	28	163	176	311	714

## COMMUNICABLE DISEASES

The following deaths from communicable diseases were recorded:

Tuberculosis 7	Syphilis 1	Influenza 6
----------------	------------	-------------

Deaths from tuberculosis continue at a satisfactory low figure and are in striking contrast with those recorded before specific antibiotics were used in the treatment of this disease.

Despite an outbreak of poliomyelitis from May to September no deaths of City patients occurred.

Inspection of the table of deaths shows how few people died from communicable disease so kept in check to-day by the application in preventive medicine of inoculation procedures.

## CANCER

The table that follows indicates the various sites of death-producing cancer.

Cancer of bronchus and lung was responsible for 33 deaths—an increase of over 50% on 1956.

Uterus	...	...	...	...	5
Stomach and duodenum	...	...	...	...	16
Breast	...	...	...	...	11
Rectum	...	...	...	...	8
Bronchus and lung	...	...	...	...	33
Colon	...	...	...	...	10
Ovary	...	...	...	...	4
Prostate	...	...	...	...	5
Liver	...	...	...	...	8
Bladder	...	...	...	...	2
All other sites	...	...	...	...	40

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A further analysis of these figures shews the distribution of these deaths according to age and sex.

<i>Age</i>						<i>Sex</i>	
						<i>Males</i>	<i>Females</i>
5—14	...	...	...	...	...	1	—
25—44	...	...	...	...	...	5	5
45—64	...	...	...	...	...	31	24
65—74	...	...	...	...	...	20	18
75+	...	...	...	...	...	15	23
						—	—
						72	70
						—	—

With the fall in importance of tuberculosis physicians in Chest Clinics are becoming increasingly engrossed in non-tuberculosis conditions of the chest, with particular reference to cancer. More cases of cancer of the lung are being diagnosed and correspondingly more are proceeding to a fatal ending.

The association of tobacco smoking with lung cancer cannot be said to have been proved beyond all doubt—in fact there is still considerable difference of opinion in medical circles.

While the Ministry of Health appear to be convinced tobacco as a revenue producer would seem to be too valuable to have its importation prohibited, or even to be officially listed as a dangerous drug.

If government is so divided how can the common man be expected to exercise discrimination!

So far his reaction has been to spend more on tobacco than he did before the association of tobacco with cancer was mooted. He has at least the satisfaction that his smoking helps to keep the National Health Service solvent!

## DEATHS FROM VIOLENCE

Violent deaths occurred in 35 cases. Six motor vehicles, 10 from suicide, two from homicide and 17 from other accidents listed as follows:

Accidental falls	...	...	...	...	...	12
Electrocution	...	...	...	...	...	1
Railway accident	...	...	...	...	...	1
Crushing	...	...	...	...	...	1
Accidental drowning	...	...	...	...	...	2

The 10 persons who committed suicide—five fewer than last year—chose the following modes of exit.

Coal gas poisoning	...	...	...	...	6
Carbon monoxide poisoning	...	...	...	...	1
Drowning	...	...	...	...	2
Decapitation	...	...	...	...	1

It would appear that it was between the ages of 65 to 75 that life became too intolerable a burden to support. Suicide by means of coal gas is so beautifully easy and simple that one is constrained to wonder if some nauseous deterrent introduced into coal gas might reduce the suicide rate.

### INFANT MORTALITY

Twenty-three children died before reaching their first birthdays from the causes of death given below:

Acute bronchitis	...	...	...	...	2
Congenital heart disease	...	...	...	...	1
Atelectasis	...	...	...	...	2
Broncho pneumonia	...	...	...	...	4
Meningocele	...	...	...	...	1
Prematurity	...	...	...	...	6
Accident	...	...	...	...	1
All other causes	...	...	...	...	6
					<hr/> 23 <hr/>

The infant death rate fell to 23·2 compared with a figure of 23 for England and Wales as a whole.

Thirteen of the deaths occurred within the first month of life from the following causes, once again prematurity claiming most of the victims.

Broncho pneumonia	...	...	...	...	2
Meningocele	...	...	...	...	1
Prematurity	...	...	...	...	5
Atelectasis	...	...	...	...	1
All other causes	...	...	...	...	4
					<hr/> 13 <hr/>

Four of these babies died within the first 24 hours and nine between two and five days.

## SECTION II

### National Health Service Acts 1946-1952

#### LOCAL HEALTH SERVICES

#### I—MATERNITY AND CHILD WELFARE

The following are included within the local health authority maternity and child welfare services.

Ante-Natal Clinics.

Infant Welfare Clinics.

Contraceptive Clinic.

Domiciliary Midwifery Service.

Supply of milk foods and vitamin supplements.

Supply of maternity outfits.

Dental treatment.

Transport arrangements through the Ambulance Service.

Home Help Service.

Relaxation Classes for Expectant Mothers.

Care of the Unmarried Mother.

Training of Midwives.

#### (a) ANTE-NATAL CLINICS

Only 26·6% of mothers had home confinements and even some of these had been unsuccessful applicants for institutional beds, for which the demand always exceeds the supply.



The Shrub Hill Hospital Maternity Unit receives mothers whose home conditions are considered unsuitable for home confinement after investigation by Health Department Staff.

At this unit the patient is attended by her own domiciliary medical practitioner who has available the help of an obstetric consultant if necessary.

With such a preponderance of institutional deliveries and with the availability of a doctor and midwife to every woman confined at home the ante-natal supervision of patients by public health medical staff has shrunk to vanishing point.

Meetings representative of various branches of the medical profession with the assistance of hospital matrons and the local authority's non-medical supervisor of midwives, were held to consider the memorandum on Ante-Natal Care related to Toxaemia to which reference was made in Ministry of Health Circular 9/56.

Interest chiefly focused upon the liaison between doctor and midwife and uniformity of record keeping with avoidance of duplication.

Largely as a result of the guidance given by the local obstetric consultant, Mr. Chalmers, a standardised record capable of free interchange between doctor and midwife was evolved and this appears to be giving satisfaction in operation. Steps were taken to secure that information regarding blood grouping should be instantly available at all times to hospital medical staffs.

It was also recommended that at least two haemoglobin estimates should be made in the course of pregnancy.

#### (b) CHILD WELFARE CLINICS.

At seven centres strategically placed in different parts of the City the work of supervising, teaching and advising has continued throughout the year. Six of these centres are rented on a sessional basis by the local health authority and while conditions at some may not be ideal it would be uneconomic to replace them by specially built centres which would be unused throughout most of the week. The year's work at these centres is summarised as follows:

## CHILD WELFARE CENTRES

Number of centres provided at end of year	Number of child welfare sessions now held per month at centres	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year			Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year
			1957	1956	1955-52	under 1 year	1 but under 2	2 but under 5	
7	32	699	635	465	360	9,834	1,507	1,511	12,852

### (c) SUPPLY OF WELFARE FOODS

No changes have been made in the arrangements previously outlined for the distribution of welfare foods and vitamin supplements and proprietary infant food. These are available at all branch centres as well as the central stocking depot at the Health Department. Sales are against cash only and periodic stock checks are made by officers from the City Treasurer's Department.

Compared with 1956 supplies of National Dried Milk were a little lower, but for obvious reasons orange juice was in greater demand

National Dried Milk Tins		Cod Liver Oil Bottles	Vitamin A & D Tablets Packets	Orange Juice Bottles
Full Cream	Half Cream			
25,625	481	4,296	2,595	47,525

### (d) HEALTH VISITING

One Superintendent Health Visitor and seven Health Visitor/School Nurses cover the area. Each is allotted her district, which as far as possible includes her schools, and each is responsible directly to the Medical Officer of Health for her branch Maternity and Child Welfare Centre.

Problem families, immunology and the care of the aged, fall increasingly to the duties of the health visitor but do not oust her prime responsibility—the care and preservation of infant life. During the year two pupil health visitors completed their training under the West Midlands Training Scheme and joined the staff to bring it up to establishment.

Particulars of their visits in the form submitted to the Ministry of Health follow :





(e) DOMICILIARY MIDWIFERY

Of all deliveries only some 26% took place in the home of the patient, indicative of the increasing preference by the public for institutional confinement.

The coverage for domiciliary midwifery had however become so thin because of a decline in the number of nurses taking Part II of the S.C.M. that it became necessary to appoint an additional district midwife who was allocated a Council house in the St. John's area.

Midwives acted independently as such in 210 cases of which the doctor was present in 50 at delivery.

The following table gives details of institutional and domiciliary midwifery carried out during the year.

## Number of deliveries attended by Midwives in the area during the year

	Domiciliary Cases				Totals	Cases in institutions
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
(a) Midwives employed by the Authority ..	—	9	50	201	260	—
(b) Midwives employed by Voluntary Organisations .. .. .						
(i) Under arrangements with the Local Health Authority in pursuance of section 23 of the National Health Service Act, 1946 .. .. .	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	1,406
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—	—	—
Totals .. .. .	—	9	50	201	260	1,406

- (e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day .. .. . 70
- (f) BREAST FEEDING : Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day .. 221



## GAS AND AIR ANALGESIA

Gas and Air Analgesia is available on medical recommendation to all lying in women and in the case of home confinements was used in 182 cases.

## TRANSPORT

For women having institutional confinements ambulance transport is provided and operates automatically at the patients' initiative. Full transport facilities are not yet available in all cases to the domiciliary midwife.

## CARE OF PREMATURE BABIES

Details of premature births and stillbirths both domiciliary and institutional are given in the following table submitted to the Ministry of Health.

The 100% survival rate for premature children born at home and nursed entirely at home was very satisfactory.

Weight at birth	PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home	
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days				
3lb. 4oz. or less .. ..	7	3	3	—	—	—	—	—	—	4	—	—	
Over 3lb. 4oz. up to and including 4lb. 6oz.	12	—	10	—	—	—	3	—	3	1	1	—	
Over 4lb. 6oz. up to and including 4lb. 15oz.	9	—	9	1	—	1	1	—	1	2	—	—	
Over 4lb. 15oz. up to and including 5lb. 8oz.	24	—	23	8	—	8	1	—	1	2	2	—	
Totals ..	52	3	45	9	—	9	5	—	5	9	3	—	

## MATERNAL MORTALITY

There were no deaths attributable to maternal causes among City mothers during the year.

## OPHTHALMIA NEONATORUM

Six notifications of ophthalmia neonatorum (discharge from the eyes of the newly born) were received—four being from the Eye Hospital. Follow up showed that all cases were satisfactorily resolved without damage to the sight. Blindness of babies from gonorrhoeal ophthalmia is to-day never encountered, thanks to the facilities for the successful treatment of the disease in the female.

## PUERPERAL PYREXIA NOTIFICATIONS

Seventeen notifications were received of puerperal pyrexia affecting City mothers—all in connexion with hospital practice—all patients made satisfactory recoveries.

## RELAXATION CLASSES

The relaxation classes held at the Nursing Institute under arrangements made jointly with the Worcestershire County Council were continued throughout the year and attended by some 156 mothers.

## (f) DAY NURSERIES

At Powell's Row and Brickfields are two day nurseries each with places for 40 children whose mothers go out to work. In not all cases is it felt that employment outside the home is an absolute economic need for the mother and it sometimes appears that a mother is leaving the care of her infant to others for mercenary motives, on the other hand the day nursery is a godsend to the unmarried mother working in order to keep her child with her.

Attendances at Powell's Row and Brickfields both showed increases at 24·65 and 27·93 respectively; these figures include attendances on Saturday mornings which appreciably reduce the average.

The gross cost per child per day fell to 12s. 7d. towards which the maximum charge remained at 5s.

### (g) PROBLEM FAMILIES

At the beginning of the Civic year careful consideration was given by the Health Committee to the scope and function of the Problem Family Sub-Committee.

It was considered that the ground being covered by this Sub-Committee was virtually the same as that for which the local health authority was already responsible under Ministry of Health Circular 27/54, and that the responsibilities of that circular could well be discharged by the health department officers with liaison as needed with other departments without the necessity of a special sub-committee—which was therefore disbanded.

### (n) DENTAL TREATMENT WITHIN THE MATERNITY AND CHILD WELFARE SERVICE

Dental treatment for the expectant and nursing mother and for the child under five years of age is available at the local authority's school dental clinic at the Health Department where two dental surgeries are operated by the Principal School Dental Officer, Mr. Dowland, and his Assistant, Mrs. Savage—both whole-time officers.

The amount of time made available for maternity and child welfare service patients is 0·18 of a whole-time dental officer.



Expectant mothers are invited by midwives and health visitors to have routine dental inspection but few take advantage of the offer and many choose the alternative under the National Health Service Act of priority treatment at the hands of privately practising dental practitioners.

Reduction in dental treatment at the local authority's clinic has gone hand in hand with the reduction of ante-natal work done by the local authority's medical staff.

The principal dental officer reports as follows :

"The number of mothers who applied for inspection and treatment was less than in the previous year. This can be accounted for by the fact that the mother who is dentally conscious and pays regular visits to a dentist, continues to do so during pregnancy and the nursing period. Many of the patients who attend Clinic are not keen and only interested in parting with their teeth and availing themselves of the free dentures. Some of the mothers, whose teeth could be put in order by conservative treatment, do not keep the appointment given for that reason.

It was rather gratifying to have several keen patients apply for treatment because they were unable to obtain appointments with their own dentists for three months and would not risk the time lapse before the lesion had attention.

In spite of the efforts on the part of the Health Visitors, many mothers are very loath to bring their children for dental inspections which would gain the children's confidence and familiarise them with the atmosphere of a dental surgery before actual treatment was necessary. Children who become acclimatised to the surroundings of a dental surgery are much more co-operative when conservative treatment is necessary. Without co-operation on the part of these young patients, treatment is impossible.

Many mothers, who are not interested in conservative treatment for themselves, are averse to having their children's deciduous teeth filled and, therefore, the first visit made by many infants is for the relief of pain by extraction."

NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers .. ..	16	15	14	11
Children under five .. ..	46	42	42	36

FORMS OF DENTAL TREATMENT PROVIDED

	Scalings and Gum Treatment	Fillings	Silver nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and nursing mothers .. ..	8	24	2	—	49	8	5	7	3
Children under five ..	—	16	—	—	66	37	—	—	—

## II. HOME NURSING

The arrangements under which Home Nursing is operated from the Nursing Institute under the control of the Nursing Superintendent, Miss Bazley, have continued unchanged.

The work was carried out by 10 nurses (excluding the Superintendent and Assistant Superintendent) assisted by six Queen's Institute trainees.

Because the Nursing Institute is a recognised training centre for Queen's Institute trainees a high standard of district nursing is always secured for the citizens and though this adds to the overall cost of district nursing the additional expense is, in my opinion, more than justified.

The service enjoys the confidence of general medical practitioners.

During the year 37,668 visits were paid to 1,034 patients—an increase of some 1,000 visits—27,067 visits were paid to patients over 65 years of age.

The daily or twice daily visits enable many patients—particularly those who are elderly, to remain in their own homes. While it is not possible statistically to indicate the number of patients who would have needed hospital admission but for the home nursing service it is beyond dispute that the number must have been very large, as it is our constant endeavour—subject to medical advice—to keep the elderly patient out of hospital whenever possible.

The attached analysis of the district nursing service work is extracted from the Return L.H.S. 27 made to the Ministry of Health in February, 1958.

	Medical	Surgical	Infectious Diseases	Tuber- culosis	Maternal complica- tions	Others	Totals	Patients who were 65 or over at the time of the first visit during year	Children who were under 5 at the time of first visit during the year	Patients who have had more than 24 visits during the year
Number of cases attended by Home Nurses during the year .. .. .	915	92	—	10	10	7	1,034	580	25	287
Number of visits paid by Home Nurses during the year ..	33,077	4,160	—	284	93	54	37,668	27,067	241	32,785



## LAST OFFICES

District nurses performed last offices on 170 occasions.

## SYRINGE SERVICE

Under the syringe service scheme a constant supply of sterile autoclaved syringes is available for use by district nurses. A syringe is used once only before return to the sterilizing centre. The risk of accidental sepsis is virtually eliminated and much valuable nursing time is saved.

The service functions through the co-operation of the Pathology Department of the South Worcestershire Hospital Management Committee and I gratefully acknowledge the help in this connexion of Dr. Kidd and his Staff.

## NURSING COMFORTS

Nursing Comforts are available on loan from the Nursing Institute. This service is supplemented by a comforts service operated by the British Red Cross Society, St. John Ambulance Brigade and the Tuberculosis After-Care Committee.

## III HOME HELP SERVICE

This service continues to be operated on behalf of the local health authority by the Women's Voluntary Service from the Centre at Deansway.

The Home Helps are directly employed by the local health authority but no cost for administration or premises falls upon the rate payer nor does the health committee have to employ organising and supervisory staff.

The gross cost of the service, £10,387 in 1957-58, continues to increase, while the recovery rate has fallen to 16·06% largely because about 80% of the persons served are pensioners no longer working.

At the end of the year 41 home helps were employed, 15 being full-time, 21 guaranteed part-time (i.e. 22 hours per week) and five "occasional"—called upon according to need and availability and receiving no retaining fee.

The greatest number of persons assisted in any one week was 189. Confinement cases assisted averaged three a month.

The Home Help Service with some 80% of its beneficiaries over the age of 65 appreciably contributes—as does the home nursing service—to keeping old people out of hospital.

The following analysis gives the type of case assisted.

Maternity	...	...	...	...	...	...	38
Tuberculosis	...	...	...	...	...	...	8
Old and Chronic	...	...	...	...	...	...	240
Others	...	...	...	...	...	...	52

On the general functioning of the Home Help Service, the City Organiser of the Women's Voluntary Services reports as follows :

"The work of the Home Help Service has continued steadily throughout the year. The 15 full-time, 21 part-time and five occasional Home Helps have looked after between 156 and 189 cases every week. This is a slight increase on previous years particularly on the number of old people who have been helped.

It is often said nowadays that the younger generation are inclined to neglect their old relatives but such is not our experience. We know of many cases where daughters, or even nieces and granddaughters, with their own homes to look after willingly give much strength and time in a valiant effort to keep two homes happy, clean and cared for. In some cases, a little help from the Home Help Service enables such a plan to work successfully, without too great a strain on the younger housewife. There are also many cases where there are no relatives to come to the rescue and where the Home Help Service steps in instead.

We are particularly glad of our contact with the old folk and we can often help to ease their lives through other W.V.S. services as well—"Meals on Wheels", Chiropody, visiting, clothing and bedding, etc. The Home Helps themselves are always keen to give voluntary service, too. Some give extra help in their own time, some visit as friends, when they are no longer working for the household. Many take washing home to do in their own time and we are constantly hearing of other little kindnesses and marks of friendship.

During the year there have been three T.B., one Problem Family and two or three confinements and one or two post operation cases per month.

#### LAUNDRY

The old folks' laundry is a real problem and all the Home Helps spend many hours washing, often without adequate facilities. We feel a Home Help laundry service would make for much greater efficiency all round and probably a saving of Home Help time. We are most anxious to start this as soon as suitable premises become available.



## RECRUITMENT OF HOME HELPS

Although we always have a waiting list of women who wish to become Home Helps, recruitment of the right type has been by no means easy. The standard of service and efficiency is becoming more and more demanding. A course of training was arranged for all the Home Helps during the year and one Home Help, Miss Band, was successful in obtaining the diploma of the National Institute of Houseworkers, with Credit. We encourage all who wish to do so to sit for this diploma.

## CHARGES TO CASES

We feel the time has come when consideration might be given to charging for Home Helps on an hourly basis, based, of course, on the income of the patient. We find that many services have now changed to a sliding scale and we feel that the merits of this method of charging could well be considered now and that a change-over to this system would be advantageous to Worcester City.

We should like, once again, to put on record our deep appreciation of being allowed the privilege of administering the Home Help Service for the Worcester Health Authority. Knowing the high efficiency of this department in Worcester City, we deem it a great trust and responsibility to have the care of the most junior branch of the Health Service in our hands".

## IV VACCINATION AND IMMUNISATION

### (a) VACCINATION AGAINST SMALLPOX

Acceptance of vaccination for children under 12 months of age rose to 47.2%—an increase of 2.1% over 1956. Midwives and health visitors and district nurses constantly put before the parents of new-born children the desirability of vaccination against smallpox; unfortunately the absence of cases of smallpox continues to lull many parents into a false sense of security, nevertheless the vaccinal state of our new babies bears favourable comparison with that of most Midland Towns and can be regarded as very satisfactory when it is remembered that vaccination against smallpox is entirely voluntary.

### (b) VACCINATION AGAINST POLIOMYELITIS

The campaign against poliomyelitis which had received so much national press publicity slowly began to make headway during the year although the demand for vaccination still far exceeded the supply by the Ministry of Health of vaccine. Through no fault of their own, local health authorities had their administrative difficulties unnecessarily multiplied in promoting

the scheme. However by the end of the year 240 children born between 1947 and 1954 had been vaccinated without untoward effect and none had developed poliomyelitis.

### (c) IMMUNISATION AGAINST DIPHTHERIA

The level of protection of the community against diphtheria has been maintained. To-day the intelligent young mother accepts protection of her infant against diphtheria more readily than her predecessor had accepted vaccination against smallpox backed up by the now defunct Vaccination Acts.

The continued complete absence from the City of diphtheria does however engender in those with short memories or inadequate knowledge a false sense of security which the efforts of midwives and health visitors do not always dislodge.

As is usual the Autumn saw special efforts to secure the administration of "booster" doses to school children and in this connexion the co-operation and assistance of school teachers is acknowledged.

The following table is a copy of that sent after the close of the year to the Ministry of Health.

Number of children in the Local Health Authority area on 31st December, 1957, who have completed a course of diphtheria immunisation at any time between 1st January, 1943, and 31st December, 1957.

Age on 31.12.1957 (i.e. born in year)	Under 1 1957	1 - 4 1953-1956	5 - 9 1948-1952	10 - 14 1943-1947	Under 15 Total
A. No. of children whose last course (primary or booster) was completed in the period 1953-1957	61	2,192	3,088	858	6,199
B. No. of children whose last course (primary or booster) was completed in the period 1952 or earlier	—	—	1,276	3,574	4,850
C. Estimated mid-year child population	980	3,620	9,600		14,200
Immunity Index 100 A/C	6.2	60	41.1		43.65



## (d) IMMUNISATION AGAINST TUBERCULOSIS

As the thin supply of poliomyelitis vaccine had slowed up our immunisation programme it was found possible to realise our hopes of general vaccination against tuberculosis and a start was made in December. After a preliminary conference with head teachers vaccination was offered to school leavers. The response exceeded our expectations and Tuberculin Testing by means of the Heaf Test, followed by vaccination of negative re-actors, has been dovetailed into routine medical inspection of scholars.

Statistics of vaccination against tuberculosis supplied to the Ministry of Health follow.

B. C. G. VACCINATION—PERIOD FROM 1ST JANUARY TO  
31ST DECEMBER, 1957.

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the N.H.S. Act.

## A. CONTACT SCHEME (Circular 72/49)

(i)	No. skin tested	...	...	...	...	285
(ii)	No. found negative	...	...	...	...	221
(iii)	No. vaccinated	...	...	...	...	151
	New born babies vaccinated without preliminary skin tests	...	...	...	...	19

## B. SCHOOL CHILDREN SCHEME (Circular 22/53)

(1)	(i)	No. skin tested	...	...	...	145
	(ii)	No. found negative	...	...	...	122
	(iii)	No. vaccinated	...	...	...	122
(2)	If Re-examinations are made at the end of year					
	(i)	No. skin tested	...	...	...	—
	(ii)	No. found negative	...	...	...	—
	(iii)	No. re-vaccinated	...	...	...	—

## V AMBULANCE SERVICE

### (a) INFECTIOUS PATIENTS

Patients suffering from infectious diseases are transported when necessary in the light "Bedford" Ambulance specially retained for this purpose and based on the Newtown Hospital.

This vehicle from its light construction has proved most economical in operation and poses the question "why do ambulance authorities continue to use three tons of machinery to carry 10 stone patients short distances?"

Apart from a minor outbreak of poliomyelitis, admissions to hospital of patients with infectious disease were relatively few and the ambulance was for the most part engaged in journeys associated with hospital administration rather than the admission of patients.

### (b) NON-INFECTIOUS PATIENTS

The Council continues to discharge its Ambulance service responsibilities through the agency of the Worcester City and District Voluntary Ambulance Committee which also fills a similar function in respect of portions of the County of Worcestershire.

While the City and the County share the cost of the service on a user basis, the voluntary nature of the agency furnishes a rallying point for the public service activities of the St. John Ambulance Brigade and the British Red Cross Society, whose volunteers take on their shoulders a large share of the ambulance work.

In my report for 1956, reference was made to the proposed new Ambulance Station.

At the time this report is written the Station is already functioning.

It was formally opened on 20th June, 1958, by the Right Honourable G. R. Ward, P.C., Secretary of State for Air, and member of Parliament for the City of Worcester.

The new station provides garage accommodation for 14 vehicles plus standing for private cars, and adjoining workshops, and allows for adequate expansion to meet estimated future population growth for at least 20 years.

On the ground floor of the main building is a control room, staff dormitory, blanket store, etc.

On the first floor is the office of the Ambulance Officer, well placed for observation purposes; the secretary's office with a duplicating control panel adjoining. Sanitary accommodation

for both female and male personnel includes shower baths for personal cleansing after attendance upon accident-stained or verminous cases.

Built over the ambulance park is a combined mess room and lecture room with an adjoining kitchen, the whole admirably suited for small functions.

Central heating and hot water supply is from an automatic oil-fired installation.

The Architect responsible was Mr. G. R. Acton, L.R.I.B.A., A.I.A.A., in consultation with Capt. Leslie C. Lomas, F.R.I.B.A., Architect for the County Council, assisted by his staff; the Medical Officer of Health for the City of Worcester, Dr. A. J. B. Griffin, the Medical Officer of Health for the County of Worcestershire, Dr. J. W. Pickup, and the Ministry of Health.

The builders were Messrs. Spicers Limited, of Worcester.

The work done during 1957 by the Ambulance Service on behalf of the local health authority is summarised below and compared with that for the year 1956.

*No. of persons carried by ambulance*

					<i>Worcester City Only</i>	
					1957	1956
Accidents or Emergency	...				960	1,510
Others	...	...	...	...	12,020	10,147
Totals					12,980	11,657
Sitting Cases	...	...	...	...	9,236	7,508
Stretcher Cases	...	...	...	...	3,744	4,149
Journeys Undertaken	...	...	...	...	6,344	6,474
<i>Total Ambulance Mileage</i>	...	...	...	...	*42,918	41,997

In addition 93 patients were conveyed on long journeys by train during the year. 108 patients were conveyed in 1956.

*Sitting Cases—Car Hire Service*

By an arrangement with Messrs. Silver Wings, of Worcester, sitting case hire-cars were called upon as required.

					1957	1956
Total persons carried	...	...	...	...	911	3,295
Journeys undertaken	...	...	...	...	604	1,038
Total mileage	...	...	...	...	13,100	9,454

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\*Total Ambulance Mileage including residue for City and County—44,135 miles.



### (c) HOSPITAL SITTING CASE CAR SERVICE

This voluntary service has continued to operate from the Worcester Royal Infirmary.

During the financial year ending 31st March, 1958, 1,425 patients were carried in 1,148 journeys over a total distance of 16,900 miles at a cost of £583.

## VI SECTION 28 PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### (a) TUBERCULOSIS

The arrangements under which the local health authority's tuberculosis nurse shares in the work at the Chest Clinic held at the Worcester Royal Infirmary have continued unchanged.

Liaison with the Chest Physicians is excellent and there is the closest co-operation in the interests of the patient.

It is with great regret that I record the untimely death during the year of the Assistant Chest Physician, Dr. R. A. Kershaw, who fell a victim to poliomyelitis.

His modest bearing and kindly and sympathetic nature had endeared him to patients and nursing staff, his relations with the public health department had been of the happiest and in many directions his loss was keenly felt.

For the requirement of the Ministry of Health certain information supplied by the Chest Physician, has yearly to be included in the report of the Medical Officer of Health and in this connexion, Dr. Moyes writes as follows:

“The most significant observation which I have to make on the figures for 1957, is a fall of 24% in the number of new notifications when compared with the previous year.



## 1. CONTACT EXAMINATION.

The following table shows the number of contacts examined in the years 1952-1957 inclusive, related to the number of new notifications each year, including cases transferred into the area.

Year	1952	1953	1954	1955	1956	1957
New Notifications	76	78	87	64	68	52
Contacts examined ..	164	281	268	355	459	445

In 1957 there were 52 new notifications in the City of Worcester, and according to the environmental reports, 483 contacts were at risk, 445 were examined at the chest clinic, giving an examination rate of 92% and a ratio of 8.5 contacts per notification. This last figure which is probably one of the highest in the country, reflects the enthusiasm and efficiency of our tuberculosis nurse.

I have no comment to make on the other matters which are mentioned in the Ministry of Health circular 1/54."

## NOTIFICATION

The following table relates to notifications of tuberculosis over the past 10 years.

<i>Year</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>	
1948	...	47	...	14
1949	...	53	...	15
1950	...	36	...	10
1951	...	56	...	12
1952	...	79	...	5
1953	...	63	...	13
1954	...	70	...	2
1955	...	64	...	3
1956	...	58	...	10
1957	...	52	...	4

In the four cases of non-pulmonary tuberculosis the disease was localised as follows:—

Abdomen	...	...	...	...	1
Meninges	...	...	...	...	1
Neck Glands	...	...	...	...	2
					—
					4
					—

## DEATHS

The following table brings home very forcibly to the reader the dramatic fall that has taken place in recent years in the deaths locally from tuberculosis.

<i>Year</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>	
1948	...	35	...	5
1949	..	26	...	6
1950	...	24	...	2
1951	...	17	...	2
1952	...	18	...	1
1953	...	12	...	5
1954	...	15	...	2
1955	..	8	...	2
1956	...	6	...	—
1957	...	7	...	—

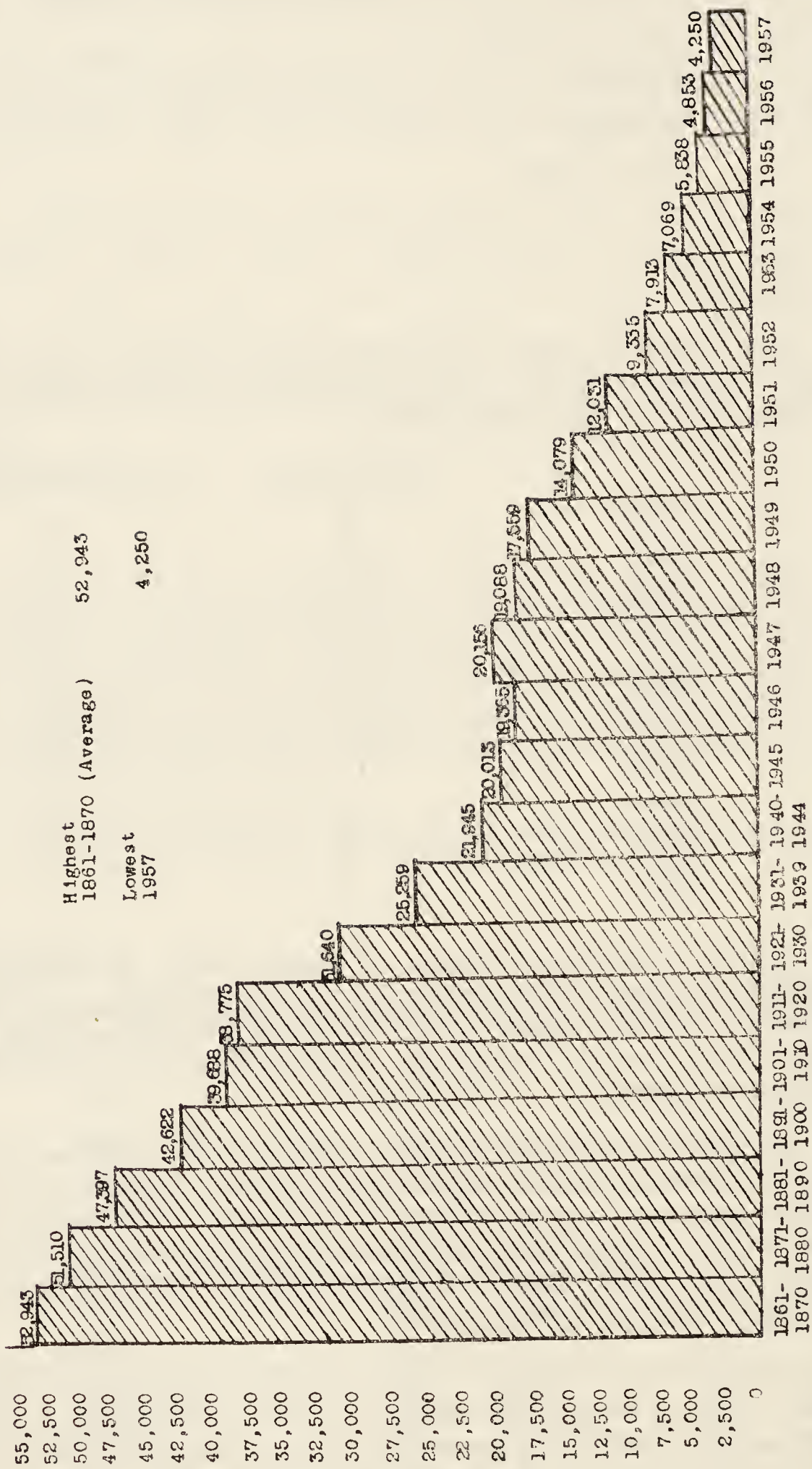
To those Medical Officers of Health who, as tuberculosis officers a quarter of a century ago, were struggling against the disease with the limited means available to us the change that has come over the prognosis of tuberculosis is something at which to wonder.

Attention is sometimes drawn to the fact that whereas deaths from tuberculosis have dramatically fallen notifications of new cases have not correspondingly kept-in-step. But notifications are at the moment still high because diagnosis is more accurate and more early, thanks to more radical contact-tracing and to mass miniature radiography.

Hidden nests of infection will still lurk undetected and spread their poison, what really matters is that tuberculosis is to-day eminently curable—its power to produce disability and death is fast waning and wholesale vaccination of the community against it should ring its death-knell.

# RESPIRATORY TUBERCULOSIS—DEATHS PER ANNUM 1861-1957

## ENGLAND AND WALES





## DEATHS OF UNNOTIFIED CASES

One.

## TUBERCULOSIS AMONG CHILDREN

Among children under 15 years old, nine cases of respiratory and one of non-respiratory tuberculosis were notified. Of the nine respiratory cases, seven were discovered when examined as contacts of parents or relatives suffering from the disease.

Where school children are discovered with pulmonary tuberculosis it is customary to submit to tuberculin testing appropriate school child contacts and to x-ray positive re-actors.

## CASE FINDING SURVEYS

By arrangement with the Mass Miniature Radiography Service of the Birmingham Regional Hospital Board, the Dudley Mobile Unit operated in the City at periods between 21st August and 3rd October, 1957.

The operations of the unit are summarised below:

1. *Miniature Films.*

	Male	Female	Total	% 1st attenders
Public ... ..	646	816	1,462	47%
Organised Groups ...	4,080	2,832	6,912	
Scholars and Students ...	562	768	1,330	
Total ...	5,288	4,416	9,704	40%

2. *Large Films.*

Public ... ..	...	...	...	19
Organised Groups ...	...	...	...	115
Scholars and Students	...	...	...	10
Total ...	...	...	...	144

Twenty-seven were recalled for examination by Medical Director.



### 3. Medical Analysis.

#### (a) Tuberculous conditions

	Referred to Chest Clinic as possibly active	Inactive	
		Referred to Chest Clinic	Others
Public ... ..	2	—	1
Organised Groups ...	7	2	13
Scholars and Students ...	—	—	2
Total ...	9	2	16

Rate of active tuberculosis per 1,000 examined=0.9%

#### (b) Other abnormalities

	Referred to Chest Clinic	Others
Public ... ..	2	2
Organised Groups ...	9	14
Scholars and Students ...	2	1
Total ...	13	17

The low rate of discovery of active tuberculosis lesions—less than 1 per 1,000—constrains me to wonder if the elaborate and expensive process of mass miniature x-ray does not savour of using a steam-hammer to crack a nut. It is not improbable that facilities for selective miniature x-ray made available locally to the Chest Physician might yield equally satisfactory results from the preventive medicine aspect at fractional cost.

#### TUBERCULOSIS AFTER-CARE

Two years after coming to Worcester I was instrumental in securing the formation of the Tuberculosis After-Care Committee

—a voluntary body which, with a little financial assistance from the local health authority, has aided tuberculous patients in a variety of ways for 26 years.

The Health Department Chief Clerk, Mr. P. M. Christian, has acted as Honorary Secretary to the Committee since its inception and by his assiduous promotion of the Sale of Christmas Seals has raised over £1,800.

The aid given to patients covers items such as the following:

Provision of Nursing Comforts;

Recuperative Convalescence;

Hair Cutting service for bedridden male patients;

Grants to meet certain domestic emergencies;

Provision of mattresses, bedsteads, bedding, clothing, etc.

Occupational Therapy facilities;

Provision of supplementary milk.

The Sub-Committee includes the Chest Physician, who authorises milk supplements, and the Tuberculosis Nurse, on whose representation most other forms of assistance are given.

The City Council's Housing Committee gives priority re-housing to tuberculous patients and their families on the recommendation of the Medical Officer of Health.

#### (b) OTHER FORMS OF ILLNESS

Children under five, school children, lying-in-women and occasionally other adults are notified, on discharge, to the department by the Hospital Management Committee on B.R.B./M/4 forms, many cases being the subject of full clinical reports copied from those sent to the domiciliary medical practitioners. Between the hospital almoner service and the district nursing service and the home help service there is close liaison to secure that the discharged patient requiring it may receive any form of assistance that the local health authority may provide under Part III of the National Health Service Act.

Domiciliary medical practitioners also avail themselves of these service in the main directly, but on occasion through the Medical Officer of Health.

#### RECUPERATIVE CONVALESCENCE

Membership of the Worcester Hospital Contributors' Association by a trifling weekly payment within the means of any adult, secures recuperative convalescence when needed on

very generous terms and for this reason the local health authority has never thought fit to make proposals for the general provision of recuperative convalescence. Nevertheless where recuperative convalescence is provided by the Health Committee the help of the Association is not available assistance towards or by the Education Committee in the case of children attending maintained schools.

## VII HEALTH EDUCATION

Within the limited facilities available, health education is practised all the year round by the various sections of the department and no special sporadic activity was sponsored during the year.

The Council is a subscribing member of the Central Council for Health Education and makes use of the material available from that source. Within the department two film strip projectors are in use with a library of 60 films.

One of the most valuable activities of a Health Department could and should be the widespread education of the public in how to keep well and avoid illness and resultant absenteeism which is to-day so rife. I am acutely conscious of how much we should do and how little we can do with the existing medical staff whose time is always fully employed; until the medical staff is reinforced the work of the department cannot be extended.

## VIII MENTAL HEALTH SERVICE

### (I) ADMINISTRATION

The Medical Officer of Health is responsible to the Mental Health Services Sub-Committee of the Health Committee for the administration of the local authority's mental health service.

He is assisted by a single whole-time Duly Authorised Officer who is a general trained nurse and a mental nurse with years of mental hospital experience.

One of the departmental clerical staff acts as a relief Duly Authorised Officer and, though lacking specific qualifications, has had much practical experience in the operation of the Mental Deficiency Acts and Lunacy Acts.

There is no Psychiatric Social Worker on the staff, which has perhaps advantages as well as disadvantages.



At the School Clinic a Child Guidance Clinic occupies part of the time of a Child Psychiatrist supplied by the Regional Hospital Board to assist the Principal School Medical Officer in discharging the Education Committee's responsibilities towards the maladjusted child. To him flow cases from the Juvenile Court and other sources.

There is still no Occupation Centre for ineducable defectives; when the local health authority in association with the County Authority was prepared during the year to convert premises for this purpose the approval of the Ministry of Health to the capital cost was not forthcoming. As I write the Council's reaction to the Ministry of Housing and Local Government Circular 4/58, on "Economy in Expenditure" has postponed still further any project to provide an Occupation Centre.

Liaison with the mental hospital has deteriorated. At the suggestion of the Medical Superintendent only selected cases referred by the hospital staff have been visited on discharge by the Duly Authorised Officer—others remaining within the province of the hospital's mental health workers. After-care has, in my view, been inadequately covered in consequence and patients who might have been gainfully employed and so distracted from their introversions have been idle. Local Health Department staffs are much better placed to find employment for and deal with the housing needs and domestic environment of discharged patients.

Section 28 of the Principal Act places responsibility for after-care—including that of mental patients—upon the local health authority.

If the hospital authorities ceased to trespass in this field and if the departmental mental health staff were strengthened and a mental health services centre established the local authority would be thoroughly discharging its obligations in this field of public health preventive work.

## (II) WORK UNDERTAKEN IN THE COMMUNITY

Statistics follow of work done under Lunacy, Mental Treatment and Mental Deficiency Acts.

Ascertainment of Mental Defectives is satisfactory—usually starting in infancy at Health Visitor level—with progressive review and re-assessment within the School Health Service. Valuable co-operation is received from domiciliary medical practitioners.



*Cases admitted to Powick Hospital during the year ended  
31st December, 1957*

	Male	Female	Total
Certified under Section 16 Lunacy Act, 1890	3	6	9
Admitted under Section 20 ... ..	34	42	76

(Of the cases admitted under Section 20, 31 males and 36 females received treatment under the Mental Treatment Act, 1930. Three males and six females were certified under the Lunacy Act.)

*Certified patients discharged or died during the year*

	Male	Female	Total
Discharged ... ..	1	2	3
Died ... ..	2	4	6

*Mental Treatment Act, 1930*

	Male	Female	Total
Admitted as Voluntary Patients ... ..	70	104	174
Left Hospital ... ..	65	89	154
Admitted as temporary patients ... ..	—	—	
Deaths ... ..	4	6	10

### MENTAL DEFICIENCY ACTS

Ascertainment including number of defectives awaiting vacancies in institutions at the end of the year.

	Male	Female	Total
In Institutions ... ..	45	34	79
Under Guardianship ... ..	2	1	3
Under Statutory Supervision ... ..	27	17	44
Under Voluntary Supervision ... ..	23	22	45
Awaiting Institutional vacancy ... ..	3	—	3
Admitted to Institutional care ... ..	1	—	1
Number ascertained ... ..	8	3	11
Placed under Statutory Supervision ... ..	7	3	10
Placed under Voluntary Supervision ... ..	1	—	1
Died, removed or lost sight of ... ..	1	2	3
Given birth to a child while unmarried ... ..	—	—	—

*Visits*

Approximate number of visits paid to mental defectives	384
Approximate number of visits paid to mental patients	370

## IX EPILEPTICS AND SPASTICS

### (a) EPILEPTICS

Known to the department are five epileptics below school age, two of school age of whom one is in a Colony, and 11 adult epileptics on the register of the Welfare Committee.

### (b) SPASTICS

Of six known spastics of school age, three are in special residential schools and two in a special day school.

There are two of pre-school age.

There are seven adult spastics on the register of the Welfare Committee.

## X BLIND PERSONS

By courtesy of the Director of Welfare I have scrutinised reports on Form B.D.8 (revised) completed for purpose of the Register of Blind Persons in 24 cases. Only four patients, including a child of 11 years old, were below the age of 60.

Eight patients had received previous treatment.

One patient only was recommended for future treatment.

## SECTION III

### COMMUNICABLE DISEASES

Excluding Tuberculosis, Puerperal Pyrexia and Ophthalmia Neonatorum to which reference has been earlier made the following notifications of communicable diseases among City residents were received.

	<i>Number of Notifications</i>					
Scarlet Fever	...	...	...	...	...	55
Measles	...	...	...	...	...	557
Whooping-Cough	...	...	...	...	...	162
Acute Primary and Acute Influenzal Pneumonia						49
Erysipelas	...	...	...	...	...	1
Dysentery	...	...	...	...	...	9
Food Poisoning	...	...	...	...	...	2
Acute Poliomyelitis—Paralytic	...	...	...	...	...	20
Non-Paralytic	...	...	...	...	...	22

When it is recorded that among all these notified cases not a single death occurred it will be seen what a change has come over epidemiology which formerly was of such concern to medical officers of health. Not merely have new drugs—in particular the antibiotics—such as penicillin, streptomycin, terramycin, sigmamycin, etc., altered the whole treatment of infection but the infectious diseases themselves would seem at the present moment to have modified their severity.

Scarlet fever well exemplifies this. In the early nineteen hundred and twenties it was often serious and sometimes fatal and invariably the patients were treated in hospital; to-day it is so trivial as to frequently pass undiagnosed—complications are practically unknown and the majority of cases are safely nursed at home.

Confronted by a case of septic scarlet fever the average young doctor would be non-plussed—clinical diphtheria he has often never seen.

#### (a) DIPHTHERIA

For the sixth successive year no case was notified in the City, it is 13 years since a death occurred.



In England and Wales in 1947, 5,609 cases were notified with 244 deaths. In 1957, there were 68 notifications with three deaths—such is the change that has come over the disease by the application of preventive inoculation.

(b) VENEREAL DISEASE

This condition is not notifiable—if it were it could more easily be stamped out, nevertheless it is on the wane—thanks to modern methods of treatment, rather than to any reduction in promiscuity.

City of Worcester patients attended the special clinic at the Worcester Royal Infirmary for the first time for the following conditions.

Syphilis	...	...	...	...	...	...	2
Gonorrhoea	...	...	...	...	...	...	10
Other conditions	...	...	...	...	...	...	34

Of the 34 patients attending on account of “other conditions” 11 males and seven females had no evidence of venereal infection and needed no treatment—they at least showed some wisdom in making sure that their indiscretion had produced no disease.

(c) SONNE DYSENTERY

Sonné Dysentery, which had been so troublesome in 1956, was almost completely absent in 1957. Only nine cases came to light. Four were in children of one family who infected two children in the house adjoining.

Three isolated cases also occurred affecting two children and one adult.

(d) POLIOMYELITIS

Poliomyelitis visited the City during the summer and between 21st May and 5th September, 1957, 42 cases, of which 22 were non-paralytic were notified. No deaths were recorded.

The ratio of children to adults attacked was as 2 to 1.

No case was in any way associated with inoculation either against poliomyelitis or diphtheria—nor was any case associated with swimming baths or throat operations.

No particular district of the City was exclusively affected.

In eight cases there was evidence of association, in only one family was more than one case notified.

In August with an increase in the number of cases the smouldering disquiet of some members of the public was fanned into hysteria by the press, which, denied sensational information on the outbreak, published irresponsible and un-confirmed letters.

The fact that the Medical Officer was on much needed leave though in touch with the situation by telephone did not pass without comment. The critics apparently imagining that a Medical Officer of Health has some supernatural power over outbreaks of poliomyelitis—despite the fact that he no longer controls the infectious diseases hospitals to which patients are admitted, and is as powerless as any other doctors in the control of poliomyelitis outside the orbit of preventive inoculation.

The outbreak stimulated the apathetic, who had earlier ignored appeals to be vaccinated against poliomyelitis, to register in hundreds for vaccination of their children at a time when the Ministry of Health had no extra vaccine to meet the demand, the local health authority meanwhile being blamed for this new situation.

However, the publication, through a now repentant and co-operative press, of a factual statement upon the situation by the Medical Officer of Health did something to restore public confidence and allay alarm and in September the outbreak died a natural death unhonoured and unsung.

By some strange circumstance the fact that during this outbreak when 22 patients had no vestige of paralysis and nobody died, hundreds of people were killed and mutilated upon the country's roads, apparently did not result in the public conscience being in the least disturbed—such is the sense of proportion shown in these matters ! ! !

#### NEWTOWN ISOLATION HOSPITAL

Towards the end of the year the Hospital Management Committee was notified of a proposal by the Birmingham Regional Hospital Board to close down the Newtown Isolation Hospital. The local health authority joined the Hospital Management Committee in arguing the retention of this hospital serving as it does not only the City, but the major part of the South of the County of Worcestershire.

Wiser counsels prevailed and the hospital has remained open.

The former scarlet fever ward being now in process of conversion to a cubicle block should in the future fill a more useful function.



## SECTION IV

### OTHER HEALTH DEPARTMENT SERVICES

#### (a) SUPERVISION OF NURSING HOMES

The City has only one nursing home which caters for the nursing of the aged and infirm and chronic sick. During the year owing to inefficient administration it became necessary to close the home for a period. In a short time the closure was lifted and the home has since functioned satisfactorily to meet a pressing need.

It will shortly be vacated for more suitable and commodious premises.

#### (b) EXAMINATION OF PLANS

Together with the Chief Public Health Inspector the Medical Officer of Health examined 797 plans prior to their submission to the Town Planning and Development Committee. In connexion with these plans, which are so important to the future development of the City, there is a very close liaison with the City Engineer and Town Planning Officer so that plans are subjected to a triple test before reaching Committee.

The relaxations that have permitted the appearance in increasing numbers of combined drains or private sewers are to be regretted as these may give rise to much drainage trouble in the future. On the other hand the increasing culverting of watercourses is welcomed.

#### (c) NATIONAL ASSISTANCE ACT, 1948—SECTION 47. AND NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

In no case was it necessary to invoke these enactments to enforce removal to more suitable surroundings of sick or infirm persons living in insanitary circumstances and lacking care; all such removals were achieved by persuasion.

#### (d) MEDICAL EXAMINATION OF LOCAL AUTHORITY STAFF AND OTHERS

Health Department Medical Staff examined 176 local authority staff for fitness to take up new appointments, including 22 persons examined for fitness to enter a training college for teachers, one teacher on first appointment and five persons on behalf of other local authorities.



(e) PHARMACY AND POISONS ACT

Seventy premises which were the subject of licences granted under the above-mentioned Act were inspected by Assistant Medical Officers of Health during the year.

(f) PET ANIMALS ACT

Inspection of premises for registration under the above-mentioned Act is delegated to veterinary surgeons who make six monthly inspections of the four registered premises.

## SECTION V

### SANITARY CIRCUMSTANCES OF THE AREA

#### (a) SOCIAL CONDITIONS

In previous reports reference has been made to the increasing urbanisation of the area. This one-time Roman garrison town, strategically poised on the Severn to control the ebullient tribes—men to the West, has in my term of office appreciably modified its County-town characteristics. Light industry is fast supplanting agriculture—farms give way to housing estates, land is scarce and at a premium, the American language is heard on the lips of school children and adolescents whose lurid attire startles, if it does not always please, the eye. The private shopkeeper with his tradition of service gives place to the impersonal multiple store and standardisation keeps in step with urbanisation.

Turning to the reverse of the picture the modern spread of wealth is patently obvious in the improved clothing of the people in the proofs of the art of the coiffeur so proudly carried by the attractive young women with comfortable pay packets who throng our streets, in the expenditure on luxuries, and waste in extravagancies.

Add to these things improved housing, improved schools, improved food-handling and it would be fair to say that social conditions in the City were never better—though there is always room for improvement.

The diversity of industry and business in the area cushions the inhabitants against trade recession in any particular industry as no single industry dominates the working lives of the people. The citizens are exposed to no particular occupational hazards except perhaps the risk of complacency in civic affairs.

#### (b) WATER SUPPLY

Water drawn from the unsavoury Severn is purified by a combination of gravity and pressure sand-filtration and then chlorinated. The result though not always sparkling and palatable is, what is more important, quite safe to drink. The daily consumption averaged during 1957 53·438 gallons per person, which was no increase on 1956.

No extensions took place at the waterworks.

20,215 houses enjoy a separate water supply, 293 houses still draw supplies from stand pipes in communal wash-houses, most of these houses will be dealt with under the Slum Clearance programme. Four houses continue to secure their water supplies from four wells and five wells are used in connexion with businesses.

In addition to the daily samples taken at the Waterworks, 10 samples of water were taken from consumer taps by Public Health Department Staff—all these were satisfactory. Of eight samples taken from wells used for business purposes three from one well gave unsatisfactory results.

Further special investigation into this source of supply gave satisfactory results—suggestive of a possible flaw in the sampling technique.

The following is a typical chemical report by the public analyst on a sample of tap water:

*Physical Characters*

Colour	...	...	...	...	Colourless
Odour	...	...	...	...	None
Appearance	...	...	...	...	Clear pH 7.5

*Chemical Examination* (Results expressed in parts per million)

Solids in Suspension (Dried at 100°C)	...	—
Solids in Solution (Dried at 180° C)	...	205
Solids in Solution after Ignition	...	165
Chlorine present as Chloride	...	38
Hardness—Non-Carbonate	...	65
Hardness—Carbonate	...	70
Hardness—Total	...	135
Ammoniacal Nitrogen	...	0.01
Albuminoid Nitrogen	...	0.07
Nitrate Nitrogen	...	3.3
Nitrite Nitrogen	...	Nil
Oxygen absorbed in 4 hours at 27°C (N/80 Permanganate)	...	1.30
Toxic Metals	...	None detected
Residual Chlorine	...	0.03



**Opinion :**

The chemical condition of the sample is satisfactory.

(Signed) M. M. LOVE,

County Analyst.

23rd December, 1957.

*Bacteriological Examination Report*

Probable number of coliform bacilli,

MacConkey 2 days 37°C ... .. nil per 100 ml.

Probable number of faecal coli ... .. nil per 100 ml.

*Remarks :*

Fit for drinking

(Signed) R. J. HENDERSON,

Bacteriologist.

18th December, 1957.

**(c) DRAINAGE AND SEWERAGE**

On account of low levels or non-availability of sewers, a small number of houses are served by pail closet or septic tank systems. Houses served by pail closets fell from 36 to 27 but those with septic tank systems increased in number from 76 to 92.

In certain quarters of the City clay subsoil makes septic tank systems undesirable and their installation is discouraged by the Health Department.

**GHELUVELT PARK PADDLING BROOK**

The paddling brook has from time to time in the past been polluted in consequence of the surcharge of storm water overflows. A bacteriological report on water taken from the brook on 1st July, 1957, stated "this is dilute sewage and should not be used for paddling". The use of the brook was at once suspended.

This brook contains water from surface drainage and periodically sewage from the surcharge of storm water overflows. I have recommended the culverting of the brook and the provision of a paddling pool with a purified water supply—at the end of the year the position was unchanged.

## GAS WASHINGS

At one period during February, as a result of the demolition of old and building of new gas holders, 2,000,000 gallons of water from the gas holder seal were being emptied into the public sewers at a rate of 250,000 gallons a day.

Nuisance resulted from the escape of gas from defective sewers and drains and an emergency aeration tower had to be erected at the gas works: this has partially mitigated the nuisance caused by gas-liquor disposal.

### (d) REFUSE COLLECTION AND DISPOSAL

While new and fearsome looking vehicles appear on the streets in connexion with the removal of refuse the disgusting house to house collection by means of septic "skips", accompanied on windy days by clouds of dustbin dust and paper, continues to the wonder of strangers in our midst.

If cost is the stumbling block to hygienic refuse collection then it is time we paid the price for more civilised living.

Under the Local Authorities (Charges for Dustbins) Order, 1957, the permissible annual charge for dustbins has been raised from 5s. to 7s. 6d. where a local authority provides a dustbin service calling for the use of a standard dustbin.

Consideration might well be given afresh to the adoption of this Order which would not only simplify refuse collection but would make possible a method of collection using cleaned and sterilised substitute dustbins which would eliminate the present unhygienic and obnoxious collection system.

### (e) CARAVAN SITES

During the year the Health Committee granted applications for the stationing on sites of four privately owned caravans.

Licences were not granted in the cases of two caravans placed on unsuitable sites without prior application for siting permission and by order of the Health Committee these caravans were removed. A total of four caravans are at present licensed by the Health Committee.

The Council's site at Swanpool provides accommodation for 28 caravans; no nuisance in connexion with the operation of this site was reported during the year.

The demand for caravan sites exceeds the supply and in my opinion the Swanpool site might be duplicated with advantage.



In some areas—particularly in coastal districts in Southern England—the residential caravan flourishes in disproportionate numbers and not without reason incurs the displeasure of the local authorities.

This situation however provides no valid argument against the inclusion in the housing accommodation of an area of a controlled leavening of residential caravans.

Largely from necessity but not infrequently from choice many thousands of people to-day live in residential caravans.

Provided efficient arrangements are made for water supply, disposal of waste water, kitchen refuse and sewage, there is no reason whatever why caravan sites or caravans need become unhygienic. They are no place for children, though children have been happily brought-up in them, but for single units and elderly retired couples they are often the only economic solution to the housing problem. They cost Councils nothing to build and involve no addition to the housing rate. On the other hand the occupiers usually make no contribution to rate but there would be nothing inequitable in the suitable rating of residential caravans.

#### (f) COMMON LODGING HOUSES

As the Lich Street Re-development area still hangs fire the only two common lodging houses remaining in the City still function.

The shameful accommodation reminiscent of the foul dens described in Dickens' novels is a foeted ulcer gnawing at the conscience of the Health Department. They should be closed but closure would render homeless the occupants who are "regulars".

Whenever the Lich Street area is re-developed the housing of these people must be faced as must the need for lodging house provision. This latter problem has been stated and re-stated for over 20 years but the solution seems no nearer; it is a special housing need that should be met.

#### (g) FACTORIES

During the year 289 visits were made by the public health inspectors to premises governed by the Factories Act. There has, throughout the year, been a complete co-operation with H.M. Factories Inspectors on matters of mutual concern. The



following tables show the extent of work, etc., done under the Factories Act.

	<i>No. on register</i>	<i>No. of inspections</i>	<i>No. of notices</i>
Factories (with power) ...	369	232	12
Factories (without power) ...	37	47	6
Other premises ...	23	10	—
	<hr/> 429 <hr/>	<hr/> 289 <hr/>	<hr/> 18 <hr/>

Defects found and remedied:—

Overcrowding ...	...	...	1
Inadequate ventilation ...	...	...	1
Insufficient sanitary accommodation ...	...	...	3
Unsuitable or defective accommodation ...	...	...	26
Accommodation not separate for sexes ...	...	...	3
			<hr/> 34 <hr/>

Despite what has been said of the co-operation of H.M. Factories Inspectors it cannot be gainsaid that some factories in the City—particularly those in which old buildings have been converted to factory use—provide working conditions under which the dignity of labour has little chance of flourishing.

If national health and morale is to progress then improvement in the housing conditions of our people should be accompanied by equal improvement in their working conditions.

#### (h) OUTWORKERS

Under Section 110 of the Factories Act, 1937, it is the duty of the occupier of any factory employing outworkers to submit a list to the local authority giving the names and addresses of any such outworkers.

The number of outworkers notified on the August lists was 865 of whom 475 were not resident in the City.

#### (i) NOISE NUISANCE

Several complaints were received from tenants of domestic premises whose tranquillity was disturbed by noise from business premises.

Two cases are worthy of special mention since action was taken under Section 131 of the Worcester Corporation Act, 1951. They relate to noise caused by exhaust ventilation from factories, and in each case the noise was found to be caused by excessive speeds of fans. The nuisances were abated when new slower speed fans were installed.

Broadly speaking excessive noise is unnecessary and is less tolerable owing to the inevitable stresses of modern life.

Outside factories among the particularly needless and objectionable forms of noise is that emitted by the inadequately silenced motor cycle ridden without regard to the comfort of the public by certain immature youths who appear to think that noise is synonymous with speed. The ruthless suppression of this ear splitting nuisance is long overdue.

#### (j) OFFENSIVE TRADES

There were eight offensive trades in operation at the end of the year :

				Old established	Annual licences	Total
Fellmongers	...	...	...	2	2	4
Hide and Skin	...	...	...	1	1	2
Rag and Bone	...	...	...	—	3	3

During the year the Health Committee granted an annual licence in respect of a newly-erected fellmongering premises.

#### (k) SMOKE ABATEMENT AND CLEAN AIR

In anticipation of the implementation of the "industrial provisions" of the Clean Air Act, 1956, a survey was made of the industrial installations. 52 premises were visited involving 115 boilers and 75 industrial processes. It is worthy of comment that mechanical firing apparatus has been fitted to the greater proportion of the boilers now in use; but only seven boilers are fitted with smoke measuring instruments. Some six installations were found to be overloaded or working to maximum capacity—one firm has already had consultations with the department respecting the provision of new boilers and a new chimney stack.

Several nuisances were observed and investigated during the year and the action taken is summarised as follows :

<i>Case</i>	<i>Nuisance</i>	<i>Action</i>
1	Oil smuts	"Crown" property—referred to local engineer—oil burners overhauled.
2	Oil smuts	Oil burner jets overhauled.
3	Excessive smoke	Underloading and bad firing: firegrate shortened, and stoker given instructions.
4	Excessive smoke	Incorrect type of coal being used.
5	Excessive smoke	Fluctuating load: major works to be carried out in 1958.
6	Excessive smoke	Bad firing. Firm warned.
7	Excessive smoke	Break down in No. 2 boiler with consequent gross overloading of No. 1 boiler.

Smoke nuisance from industrial premises presents little problem to the Health Department of a City in which factory power continues to be derived in increasing amount from electric energy. The greater part of atmospheric pollution derives from domestic fires and even this is small. Nevertheless it should be the Council's policy to make the City a smokeless zone as soon as possible.

The damage to the public health coupled with the waste in money and effort resulting from atmospheric pollution is beyond dispute and the Clean Air Act if used as it should be will confer untold benefits upon the people of this country.

#### (I) BATHS AND SWIMMING POOLS

Slipper, swimming and turkish baths are provided at the Council's Sansome Walk Baths, managed by the experienced Mr. Park on behalf of the City Engineer, who is responsible to the Baths Sub-Committee of the Health Committee.

The inadequacies of this elderly swimming pool have been the target of much criticism by a very vocal minority group—an unusual situation in a City where so much reverence is paid to the antique!

True the bath is old-fashioned but so at one time were Venetian blinds which are now "dernier cri". The water is safely chlorinated—water-logged swimmers may swallow it with impunity and as far as our own records show no case of poliomyelitis originated at the Baths.



It will, in my view, be time to consider the building of a grandiose bath with its inevitable rate charges when the City's inadequate sewers have been overhauled, when the overdue expansion of the sewage works has taken place, when all Council houses have a hot water system, when a new school clinic has been built and Tudor House turned into a museum.

The bath that *is* urgently needed is a small inexpensive covered bath where the City's children can learn to swim, as unfortunately at the present time many children grow up without that knowledge as the teaching facilities are inadequate.

### (m) SANITARY INSPECTION OF THE AREA

Below details are given of work done by the public health inspectorial staff.

#### VISITS AND INSPECTIONS DURING THE YEAR

Accumulations	...	...	...	...	...	...	81
Animals	...	...	...	...	...	...	77
Ashbins	...	...	...	...	...	...	8
Bakehouses	...	...	...	...	...	...	39
Canal Boats	...	...	...	...	...	...	1
Cesspits	...	...	...	...	...	...	6
Closets: Water	...	...	...	...	...	...	34
Pail	...	...	...	...	...	...	8
Common Lodging Houses	...	...	...	...	...	...	1
Dairies	...	...	...	...	...	...	15
Dangerous Structures	...	...	...	...	...	...	10
Ditches and Water Courses	...	...	...	...	...	...	49
Drains: Inspections	...	...	...	...	...	...	964
Smoke Tests	...	...	...	...	...	...	57
Chemical Tests	...	...	...	...	...	...	31
Colour Tests	...	...	...	...	...	...	131
Entertainment Houses	...	...	...	...	...	...	1
Factories: Power	...	...	...	...	...	...	232
Non-power	...	...	...	...	...	...	47
Others	...	...	...	...	...	...	10
Food: Manufacturing Premises	...	...	...	...	...	...	26
Examination	...	...	...	...	...	...	267
Shops and Warehouses	...	...	...	...	...	...	591
Vehicles	...	...	...	...	...	...	17

Hotel and Restaurant Kitchens	...	...	...	...	102
Houses: Let in Lodgings	...	...	...	...	30
Overcrowding	...	...	...	...	121
Vermin	...	...	...	...	72
Section 9	...	...	...	...	23
Section 11	...	...	...	...	405
Section 25	...	...	...	...	440
Public Health Act	...	...	...	...	2,926
Hairdressers	...	...	...	...	20
Ice Cream: Shops	...	...	...	...	62
Manufactories	...	...	...	...	3
Infectious Disease Visits	...	...	...	...	344
Licensed Premises	...	...	...	...	24
Markets	...	...	...	...	31
Miscellaneous Nuisances	...	...	...	...	144
Offensive Trades	...	...	...	...	1
Rodent Control	...	...	...	...	165
Sampling: Bacteriological	...	...	...	...	250
Fertilisers and Feeding Stuffs	...	...	...	...	9
Food and Drugs	...	...	...	...	85
Ice Cream	...	...	...	...	11
Milk	...	...	...	...	217
Schools	...	...	...	...	64
Septic Tanks	...	...	...	...	31
Sewers	...	...	...	...	51
Shops Act	...	...	...	...	114
Slaughterhouses: Public	...	...	...	...	47
Private	...	...	...	...	783
Smoke: Inspections	...	...	...	...	150
Observations	...	...	...	...	96
Special Visits	...	...	...	...	255
Tips	...	...	...	...	23

Van Dwellings	...	...	...	...	...	51
Water Supply	...	...	...	...	...	64
Wells	...	...	...	...	...	18
Housing Reports	...	...	...	...	...	7
Rent Act	...	...	...	...	...	204
Flood Visits	...	...	...	...	...	64
Swimming Pools	...	...	...	...	...	2

NUMBER OF NOTICES SERVED AND SUMMARY OF WORK CARRIED  
OUT DURING THE YEAR

Number of notices (preliminary) served	...	...	...	405
Number of notices (statutory) served	...	...	...	65
Number of letters sent with regard to notices	...	...	...	61
Number of complaints received and investigated	...	...	...	254
Number of notices sent regarding infectious diseases	...	...	...	747
Animals	...	...	...	2
Accumulations	...	...	...	20
Vermin	...	...	...	5
Rats and Mice	...	...	...	9
Dustbins	...	...	...	16
Drains cleared	...	...	...	34
Drains repaired	...	...	...	54
Water Closets	...	...	...	40
Water closet buildings	...	...	...	34
Pails and conversions	...	...	...	1
Cess Pools	...	...	...	1
Septic Tanks	...	...	...	1
Water supply	...	...	...	14
Paving	...	...	...	13
Roofs	...	...	...	61



Spoutings	...	...	...	...	...	...	...	57
Chimneys	...	...	...	...	...	...	...	12
Dampness	...	...	...	...	...	...	...	4
Sinks	...	...	...	...	...	...	...	15
Windows	...	...	...	...	...	...	...	41
Floors	...	...	...	...	...	...	...	12
Walls : External	...	...	...	...	...	...	...	12
Internal	...	...	...	...	...	...	...	25
Ceilings	...	...	...	...	...	...	...	21
Dairies	...	...	...	...	...	...	...	1
Bakehouses	...	...	...	...	...	...	...	1
Staircases	...	...	...	...	...	...	...	1
Doors	...	...	...	...	...	...	...	8
Fireplaces	...	...	...	...	...	...	...	6
Food Preparation Rooms	...	...	...	...	...	...	...	2
Smoke	...	...	...	...	...	...	...	3
Licensed Premises : Sanitary Accommodation	...	...	...	...	...	...	...	1
Factories : Overcrowding	...	...	...	...	...	...	...	1
Ventilation	...	...	...	...	...	...	...	8
Lighting	...	...	...	...	...	...	...	3
Sanitary Accommodation	...	...	...	...	...	...	...	27
Shops and Offices : Lighting	...	...	...	...	...	...	...	6
Ventilation	...	...	...	...	...	...	...	7
Sanitary Accommodation	...	...	...	...	...	...	...	28
Washing Accommodation	...	...	...	...	...	...	...	4
Food Hygiene Regulations : Wash-hand basins	...	...	...	...	...	...	...	61
Sinks	...	...	...	...	...	...	...	26
Internal structural repairs	...	...	...	...	...	...	...	100
Cleansing	...	...	...	...	...	...	...	89
First Aid and Clothing	...	...	...	...	...	...	...	38
Hot and Cold Water	...	...	...	...	...	...	...	88
Equipment	...	...	...	...	...	...	...	134

## (n) RODENT CONTROL

A staff of one rodent officer, one full-time and one part-time operative was employed by the Department in exterminating rats and mice.

During the year, 393 dwelling houses, 67 business premises and 114 local authority properties or land were treated for infestations, and approximately 7,467 rats were exterminated. Many of the rat infestations were found to be the result of defective sewers and drains.

Regular and systematic inspections are carried out at schools, hospitals, food kitchens, river banks, canals and tipping grounds.

Because of the consistently heavy infestations of the sewers, particularly of the central section of the City, it was agreed with the representatives of the Ministry of Agriculture, Fisheries and Food, that the customary twice yearly maintenance treatments of sewers be increased to three treatments per year. These three treatments were mainly concentrated on the central section of the City and were very successful as the following table shows.

Total number of manholes on City sewers	...	...	1,201
1st yearly treatment: number of manholes baited	...	...	631
1st yearly treatment: number of partial "takes"	...	...	127
1st yearly treatment: number of complete "takes"	...	...	106
2nd yearly treatment: number of manholes baited	...	...	311
2nd yearly treatment: number of partial "takes"	...	...	114
2nd yearly treatment: number of complete "takes"	...	...	104
3rd yearly treatment: number of manholes baited	...	...	330
3rd yearly treatment: number of partial "takes"	...	...	100
3rd yearly treatment: number of complete "takes"	...	...	93

## (o) INSPECTION AND SUPERVISION OF FOOD

The report for the year of the Chief Medical Officer to the Ministry of Health shows that throughout England and Wales notifications of food poisoning totalled 9,146. This fact highlights the importance to the public health of inspections and supervision of food. While food poisoning causes few deaths it causes considerable discomfort amounting sometimes to anguish and considerable loss of production time.

The activities in this field initiated by the former Deputy Chief Public Health Inspector, Mr. Redston, have been ably continued by his successor, Mr. Cutler, and I would particularly

direct attention to the transformation that has come over the Shambles—at last deserving of a better name—where food has ceased to be exposed to dirt and dogs and is now handled much more hygienically.

Nevertheless the principles of hygienic food handling are being constantly transgressed either from ignorance or apathy and an army of inspectors would be needed to keep food handlers on the right lines.

The remedy lies largely in the hands of the public who should boycott shops, restaurants, public houses and other places where food handling and presentation is sub-standard.

An example of public co-operation which would be welcomed by milk producers is the really thorough cleansing of milk bottles before return to the bottler.

Inspection of some bottles reaching the bottling centre is both revealing and revolting.

In this field too, there is wide scope for health education but this cannot be achieved with present staffing.

## MILK

There were at the end of 1957 four pasteurising plants licensed by the City Council.

- (a) H. T. S. T. plant of 1,500 gall. per hour capacity;
- (b) H. T. S. T. plant of 350 gall. per hour capacity;
- (c) Two holder process plants, each having two vats of 100 galls. capacity.

Approximately 10,000 gallons of milk are pasteurised daily by these four plants.

## Milk (Special Designation) Regulations

Dealer's (Pasteuriser's) Licences	...	...	...	4
Dealer's (Pasteurised) Licences	...	...	...	19
Dealer's (Tuberculin Tested) Licences	...	...	...	15
Supplementary Licences (T.T.)	...	...	...	3
Supplementary Licences (Pasteurised)	...	...	...	3

## Milk and Dairies Regulations, 1949

Dairies registered	...	...	...	...	5
Distributors registered	...	...	...	...	21



## BACTERIOLOGICAL EXAMINATIONS

	Satisfactory	Unsatisfactory	Total
Pasteurised Milk ...	162	1	163
Tuberculin Tested Milk ...	32	—	32
T.T. (Pasteurised) Milk ...	97	1	98
Raw and Pasteurised Milk for T.B. and B. Abortus ...	17	—	17

Both of the unsatisfactory samples came from one producer with pasteurising plant situate outside the City. Investigations by the authority concerned failed to reveal the reason for failure of the phosphatase test. Further samples proved satisfactory.

## QUALITY OF MILK

After reporting for three consecutive years on the poor quality of milk received at the Worcester dairies, I am pleased to report that there has been a marked improvement during 1957. It is hoped that during the next few years, further improvements will be recorded; but so many factors influence the quality of milk that it would be unwise to assume that a steady improvement can be expected. However, the problem is now being tackled at national level and one feels that the evidence produced by your officers and the vigorous representations of the members of the Health Committee influenced the decisions and action now being taken.

The following is a summary of the results of samples submitted for analysis by the Public Analyst.

*Formal Samples*

Total taken ...	12
Found deficient in fat ...	2
Found deficient in solids non-fat ...	1
Found deficient in fat and solids non-fat ...	2
Found deficient in fat (appeal to cow) ...	2
Found deficient in solids non-fat (appeal to cow) ...	1
Found deficient in fat and solids non-fat (appeal to cow) ...	2

*Informal Samples*

Total taken ...	128
Found deficient in fat ...	2
Found deficient in solids non-fat ...	10
Found deficient in fat and solids non-fat ...	1

The milk bottle with its short life of some 50 to 60 fillings is a mixed blessing and its disappearance should reduce both litter and accidents.

## HYGIENE OF OTHER FOODS

During the year a determined effort was made, by means of shop to shop inspections, to bring the food shops in the City to the standards prescribed by the Food Hygiene Regulations. It is pleasing to report a growing awareness by both public and trader, for the necessity of clean food; produced, handled and sold under the best possible hygienic conditions.

Following the discontinuance of the open-fronted butchers shops, a beginning was made towards the goal of the closed-front fish shop. During the year one fishmonger was persuaded to "close the front", and it is hoped that the remainder will follow the lead now given.

## MEAT AND MEAT PRODUCTS

Several new premises were opened in Worcester during the year for the manufacture of various meat products. All were constructed in co-operation with the Chief Public Health Inspector and are modern in design and equipment.

## CLEAN FOOD PUBLICITY

As in previous years, a short lecture on food hygiene was given by the Deputy Chief Public Health Inspector to new employees of a multiple store. Food hygiene talks have also been given to children at a local school.

## CATERING

Considerable attention was given to the inspection and supervision of cafés, restaurants and canteen kitchens. Many of the premises were found to be defective in structure or in need of improvement. Much work was carried out to rectify these matters. In addition the opportunity was taken, during inspections, to check poor methods of hygiene and spread the doctrine of clean food. It was noticeable that by the end of the year both personal hygiene and condition of premises were greatly improved.

Eighteen swabs of utensils were taken at various cafés, etc., none was reported as showing faecal coli and only one showed

organisms of the coliform group. The results are summarised as follows:

<i>Bacteria</i>						<i>Number of swabs</i>
Uncountable ... ..	...	...	...	...	...	Nil
Over 10,000 but countable ...	...	...	...	...	...	1
1,001 to 10,000 ... ..	...	...	...	...	...	Nil
101 to 1,000 ... ..	...	...	...	...	...	Nil
1 to 100 ... ..	...	...	...	...	...	3
Sterile ... ..	...	...	...	...	...	14
						—
						18
						—

Although fewer swabs were taken this year, the percentage found satisfactory (93.3%) was higher than previously recorded. The following table shows each group expressed as percentages.

#### CAFE SWABS

##### *Percentage of Swabs in each group of Bacterial Counts*

	1954	1955	1956	1957
Uncountable ... ..	1.4	0.9	Nil	Nil
Over 10,000 but countable ...	7.4	2.8	2.2	5.5
1,001 to 10,000 ... ..	9.4	14.0	4.4	Nil
101 to 1,000 ... ..	24.0	23.3	22.2	Nil
1 to 100 ... ..	24.0	24.4	48.9	16.7
Sterile ... ..	33.4	34.6	22.2	77.8
Containing Coliform organisms	13.4	15.9	8.9	5.5
Containing Faecal Coli ...	5.4	1.9	Nil	Nil

Inspections were made during the year of the Central School Kitchen and also the kitchens at the various schools. Again, due in the main to efforts being directed to improvement of premises, fewer swabs were taken. However, of the five swabs taken only one was unsatisfactory.



## ICE CREAM

At the end of the year the following registrations were in force.

Premises registered for manufacture ... ..	5
Premises registered for storage ... ..	2
Premises registered for sale ... ..	40
Premises registered for sale in prepacked quantities	202

During the year two of the registered manufacturers did not operate their plants. One manufacturer works on the cold-mix principle; the remainder work on the hot-mix principle.

Seven samples were submitted for bacteriological examination; all were found to be Grade I.

Six samples submitted for chemical analysis were all found to be genuine.

## FOOD PREMISES

The following is a list of premises in the City where food is exposed for sale, or prepared for sale.

Cafés, restaurants ... ..	55
Fish and chip shops ... ..	21
Wet fish shops ... ..	18
Butcher's shops ... ..	54
Confectioner (flour) ... ..	45
Sweets ... ..	63
Fruiterers ... ..	53
Bakehouses ... ..	16
Grocers ... ..	216
Food preparation rooms, registered under Food and Drugs Act ... ..	21

## SUMMARY OF BACTERIOLOGICAL EXAMINATIONS

Milk, pasteurised ... ..	163
Milk, Tuberculin Tested ... ..	32
Milk, T.T. (Pasteurised) ... ..	98
Milk, biological tests ... ..	17
Ice cream ... ..	7
Meat products ... ..	2
Swabs from: Cafés, etc. ... ..	18
School Meals Service ... ..	5

## FOOD AND DRUGS SAMPLING

The following samples were submitted to the Public Analyst.

*Formal Samples*

Sausages	...	...	...	...	...	...	8
Milk	...	...	...	...	...	...	12
Spirits	...	...	...	...	...	...	6

*Informal Samples*

Milk	...	...	...	...	...	...	128
Seville Oranges	...	...	...	...	...	...	1
Sauce	...	...	...	...	...	...	2
Lemon Pie Filling	...	...	...	...	...	...	1
Peanut Butter	...	...	...	...	...	...	1
White Pepper	...	...	...	...	...	...	1
Flavouring Essences	...	...	...	...	...	...	2
Celery Salt	...	...	...	...	...	...	1
Cooking Crumbs	...	...	...	...	...	...	1
New Potatoes	...	...	...	...	...	...	1
Linctus	...	...	...	...	...	...	1
Fruit Crystals	...	...	...	...	...	...	2
Tinned Fruit	...	...	...	...	...	...	1
Butter	...	...	...	...	...	...	5
Vinegar	...	...	...	...	...	...	2
Cake Mixture	...	...	...	...	...	...	3
Ham and Tongue Paste	...	...	...	...	...	...	1
Dressed Crab	...	...	...	...	...	...	1
Cheese Spread	...	...	...	...	...	...	2
Ground Rice	...	...	...	...	...	...	3
Ice Cream	...	...	...	...	...	...	6
Cream	...	...	...	...	...	...	1
Tinned Beef	...	...	...	...	...	...	1
Ground Almonds	...	...	...	...	...	...	2
Gelatine	...	...	...	...	...	...	1
Tomato Juice	...	...	...	...	...	...	1
Cakes	...	...	...	...	...	...	1
Potato Pancake Mix	...	...	...	...	...	...	2
Orange Drink	...	...	...	...	...	...	4
Dried Milk	...	...	...	...	...	...	6
Bread	...	...	...	...	...	...	1

## PROSECUTIONS

There were no prosecutions during the year, but the Health Committee issued warnings respecting 16 incidents of food found to contain foreign matter or mould.

Without disrespect I feel bound to criticise the leniency of the Health Committee towards violators of Food Hygiene Regulations—a leniency that perhaps sprung from the charity and forgiveness of a small Cathedral City. There is nothing so stimulates the conscience of the malefactor as the certainty of swift retribution for his anti-social behaviour and a few convictions for food offences engender a healthy respect for the health authority and the law and encourages the committee's officers in their duties.

## SLAUGHTERHOUSES

Slaughtering of cattle continued unchanged in the public slaughterhouse and five licensed private slaughterhouses concerning which details follow.



	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) .. .. .	468	367	681	5,506	788	—
Number inspected .. .. .	468	367	681	5,506	788	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned .. .. .	—	1	4	17	—	—
Carcases of which some part or organ was condemned .. .. .	40	113	1	542	9	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci .. .. .	8.53 %	31 %	0.7 %	10.1 %	1.14 %	—
<i>Tuberculosis only</i>						
Whole carcases condemned .. .. .	1	1	—	—	—	—
Carcases of which some part or organ was condemned .. .. .	18	38	—	1	6	—
Percentage of the number inspected affected with tuberculosis .. .. .	4.0 %	10.6 %	—	0.0018 %	0.76 %	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned .. .. .	3	—	—	—	—	—
Carcases submitted to treatment by refrigeration .. .. .	3	—	—	—	—	—
Generalised and totally condemned .. .. .	—	—	—	—	—	—

# PUBLIC SLAUGHTERHOUSE

## CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) .. .. .	3,640	263	813	12,712	6,729	—
Number inspected .. .. .	3,640	263	813	12,712	6,729	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned .. .. .	2	16	11	22	35	—
Carcases of which some part or organ was condemned .. .. .	305	83	9	198	187	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci .. .. .	8.4%	37.5%	2.4%	1.7%	3.3%	—
<i>Tuberculosis only</i>						
Whole carcases condemned .. .. .	6	4	—	—	2	—
Carcases of which some part or organ was condemned .. .. .	169	41	—	—	23	—
Percentage of the number inspected affected with tuberculosis .. .. .	4.8%	17.1%	—	—	0.3%	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned .. .. .	8	—	—	—	—	—
Carcases submitted to treatment by refrigeration .. .. .	8	—	—	—	—	—
Generalised and totally condemned .. .. .	—	—	—	—	—	—

## Weight of meat and offals condemned at Public

Slaughterhouse	...	...	...	...	23,488 lbs.
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## Weight of meat and offals condemned at Private

Slaughterhouses	...	...	...	...	7,633 lbs.
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Total	...	...	...	13 tons 17 cwts. 97 lbs.
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## DISPOSAL OF CONDEMNED MEAT

Meat and offals condemned at all the slaughterhouses are stained prior to collection daily by approved firms for transference to by-products factories. Payments are made directly to the butcher or credited to the Butchers' Mutual Insurance Scheme.

FOODSTUFFS (OTHER THAN BUTCHERS' MEAT AT  
SLAUGHTERHOUSES) CONDEMNED DURING THE YEAR

Fish	...	...	...	...	...	595 lbs.
Tinned Goods (6,185 tins)	...	...	...	...	9,942 lbs.	
Other foods (cereals, cheese, etc.)	...	...	...	2,510 lbs.		
Meat	...	...	...	...	1,192 lbs.	

## ITALIAN TINNED TOMATOES

In liaison with the Bristol Port Health Authority, a consignment of 48,000 tins of tomatoes was withheld from distribution at the Diglis Docks, Worcester. A 100% examination of the tins was carried out and 30% were found to be unsound. By agreement with the importers and the Bristol Authority the whole consignment was re-exported back to Italy.

## DISPOSAL OF CONDEMNED FOODSTUFFS

Condemned fish and fish offal are accumulated at the Corporation Cleansing Depot and disposed of by the Corporation. Tinned foods, etc., are collected by Health Department staff from various shops, warehouses, etc., and are disposed of by burying in the Corporation tip.



## SLAUGHTER OF ANIMALS ACT, 1933-1954

The total number of licensed slaughtermen on the register was 47, about 21 being regularly employed at the slaughterhouses and knacker's yard.

## FERTILISERS AND FEEDING STUFFS ACT

One formal sample of fertiliser and eight formal samples of feeding stuffs were taken, all were found to be genuine.

## CANAL BOATS

The past 20 years has shown a great diminution in the number of canal boats plying on the Birmingham to Worcester Canal. In 1938 some 44 boats registered with Worcester City Council were in use or available for use. At the end of 1957 only two Worcester boats were traceable and only eight boats in all were known to be regularly on the canal within the Worcester district.

## (p) HOUSING

### (1) SLUM CLEARANCE

During the year fair progress was made towards the Council's declared objective of dealing within the five year plan with some 1,500 sub-standard houses of which it is estimated that at least two-thirds will have to be demolished. Representations were submitted affecting 290 houses of which 172 were in five clearance areas and 118 individual unfit houses.

When it is remembered that each house is the subject of detailed report by the District Inspector before inspection and representation by the Medical Officer of Health and that clearance area procedure is very involved, the magnitude of the plan in relation to the departmental staffing will be appreciated.

The clearance areas represented were as follows

Area	Number of				Area in Square Yards	Number of persons displaced or yet to be displaced
	Dwelling Houses	Common Lodging Houses	Houses let in Lodgings	Buildings		
St. Catherine's Vale ...	17	—	—	—	3,265	49
Moor Street No. 1 ...	133	—	—	—	17,666	361
Moor Street No. 2 ...	2	—	—	—	570	4
Britannia Row ...	10	—	—	—	597	23
Powell's Row ...	10	—	—	—	1,546	24
Total for 1957 ...	172	—	—	—	23,644	461
Individual unfit houses represented during 1957 ...	118	—	—	—	—	314
Total for 1957 ...	290	—	—	—	23,644	775

## (2) OVERCROWDING

The overcrowding conditions which the 1935 Housing Act was intended to remedy do not exist in Worcester. Genuine legal overcrowding is exceptional for standards are based on the "unit" system and not upon the actual number of separate individuals. Under the "unit" system a child under 10 years counts as  $\frac{1}{2}$  a unit and a child under 1 year old is ignored.

Overcrowding of Council houses from unauthorised sub-letting with priority re-housing as the objective, still continues.

With too many tenants, contracts with the Corporation are honoured only in the breach, this attitude seems to be encouraged by the tolerance of the Housing Committee whereas a few prosecutions would go far to re-establish respect for the sanctity of contracts.

The number of occupants per house continues to fall and in 1957 reached the new low level of 3.107 persons per dwelling. Were the assessment to be made in "units" as described earlier then the figure of occupancy would be still lower.

## (3) REHOUSING

During the year there were built 393 houses of which 252 were Council houses and 141 private houses.

82 families from slum clearance houses were rehoused.

Since the war ended there have been completed 2,878 Council houses including 56 prefabricated units and 1,001 private houses, making a grand total of 3,879 dwellings.

During the same period there have however been lost through demolition or closure 662 houses. The net gain is represented by 2,217 dwellings of all types capable on the present average occupancy of accommodating 6,888 persons.

## RENT ACT, 1957

During its progress from the Bill stage to maturity the Rent Act, 1957, furnished a battleground for the most intense conflict



of political interests, its coming into force has been violently execrated by millions of people who with trebled or even quadrupled wages regard any increase of pre-war rents as a crime. In this befogged atmosphere there has tended to recede from view the praiseworthy objectives of the Act, firstly that property owners for so long impoverished by rent restriction legislation should at last receive some moiety of justice and not have to continue to face an inflated post-war economy on pre-war incomes; secondly that existing houses should be rehabilitated and preserved and expenditure upon the provision of new housing accommodation reduced.

Unfortunately some tenants of rent decontrolled houses let at economic rental may find themselves without security and without appeal to a judicial authority on plea of hardship, but it has never yet been possible to make an omelette without breaking eggs.

Whilst the Act contrives to make the landlords and tenants settle their own differences without recourse to the local authority, nevertheless there still remains with the local authority the duty of tendering advice on the operation of the Act, and of issuing certificates of disrepair.

In the weeks preceding and immediately following 6th July, 1957, when the Act became Law the department was very active dealing with enquiries by landlords and tenants and in this connexion the help of the Town Clerk's department and certain independent bodies is gratefully acknowledged.

From the outset the aim of the Department was, as always, to act with strict impartiality in its service to both landlord and tenant. Using the experience of administering the disrepair provisions of the Housing Repairs and Rent Act, 1954, it was possible to estimate the number of applications for disrepair certificates. It was, however, not possible to foretell what technical difficulties would be unwittingly produced. In many instances, obvious items of disrepair claimed by tenants had to

be deleted by the local authority from the certificates merely because of misdescription and the lack of definition and clarity. e.g. such items described by tenants as "Bedroom cannot be used", etc.

Whilst it is too soon to endeavour to assess the effects of the Act, it has already produced an activity in the repair and redecoration of properties that augurs well for the future.

The following table records the statistical report from the commencement of the Act until the end of 1957, but it in no way portrays the vast amount of time spent and work done by the public health inspectors.

#### *Applications for Certificates of Disrepair*

(1) Number of applications for certificates	...	...	101
		(1 withdrawn)	
(2) Number of decisions not to issue certificates	...		Nil
(3) Number of decisions to issue certificates	...	...	98
		(2 pending)	
(a) in respect of some but not all defects	...	...	65
(b) in respect of all defects	...	...	33
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	52
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule			Nil
(6) Number of Certificates issued	...	...	16

#### *Applications for Cancellation of Certificates*

(7) Applications by landlords to Local Authority for cancellations of certificates	...	...	Nil
(8) Objections by tenants to cancellation of certificates			Nil
(9) Decisions by Local Authority to cancel in spite of tenants' objection	...	...	Nil
(10) Certificates cancelled by Local Authority	...	...	Nil

Clearance Areas already declared from 1930 to 1956

Area	Number of					Area in square yards	No. of persons displaced or yet to be displaced
	Dwelling Houses	Common Lodging-Houses	Houses let in lodgings	Other Buildings			
Dolday Street No. 1 ..	48	—	—	—		2,600	221
King Street No. 2 ..	12	—	—	—		834	51
King Street No. 2 ..	9	—	—	—		456	29
Copenhagen Street No. 1 ..	38	—	—	2		2,665	161
Copenhagen Street No. 2 ..	18	—	—	—		745	61
Bull Entry and Chapel Walk ..	10	—	—	2		500	26
Newport Street and Dolday No. 1 ..	6	—	—	—		1,398	31
Newport Street and Dolday No. 2 ..	17	—	—	1		1,580	57
Newport Street and Dolday No. 3 ..	5	—	—	—		431	24
Hylton Road ..	19	—	—	—		1,480	51
Copenhagen Street and Warmstry Slip ..	29	—	—	1		2,891	108
The Moors No. 1 ..	14	—	—	2		1,513	60
The Moors No. 2 ..	29	—	—	—		4,592	111
The Moors No. 3 ..	28	—	—	1		5,224	82
Powick Lane ..	18	—	—	1		1,370	82
St. Paul's (Blockhouse) No. 1 ..	49	—	—	3		4,050	157
St. Paul's (Blockhouse) No. 2 ..	30	—	—	—		2,045	94
Dolday (South) No. 1 ..	7	—	—	1		490	32
Dolday (South) No. 2 ..	3	4	5	—		1,030	119
Lich Street ..	7	—	7	—		928	74
Tybridge Street ..	10	—	—	—		1,324	33
St. Clement's Square No. 1 ..	10	—	—	—		1,285	30
St. Clement's Square No. 2 ..	20	—	—	—		1,693	70
Little Park Street No. 1 ..	28	—	—	—		1,354	95
Little Park Street No. 2 ..	35	—	—	—		2,235	98
Little Park Street No. 3 ..	41	—	—	—		2,836	99
Hylton Road No. 2 ..	7	—	—	—		685	22
Hylton Road No. 3 ..	19	—	—	—		2,025	59
Blackfriars No. 1 ..	8	—	—	—		640	20
Blackfriars No. 2 ..	9	—	—	—		950	30
Blackfriars No. 3 ..	5	—	—	—		280	21
Dolday (North) ..	12	—	—	—		2,360	15
Little Park Street No. 4 ..	11	—	—	—		1,751	42
Little Park Street No. 5 ..	44	—	—	—		7,962	118
Little Park Street No. 6 ..	2	—	—	—		3,438	8
Individual unfit houses represented from 1930-1956	657	4	12	15		67,640	2,391
Added during 1957:	1,248	—	—	—		—	3,543
Clearance areas	172	—	—	—		23,644	461
Individual unfit houses	118	—	—	—		—	314
Total to 31st December, 1957 ..	2,195	4	12	15		91,284	6,709



## HOUSING STATISTICS

1. *Inspection of Dwelling-houses during the year :*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	2,278
(b) Number of inspections made for the purpose	3,794
(2) (a) Number of dwelling-houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations, 1925, 1932 ...	157
(b) Number of inspections made for the purpose	298
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	157
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	124

2. *Remedy of defects during the year without service of formal notices :*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	85
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3. *Action under Statutory Powers during the year :*

## (a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936\* :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	1
(2) Number of dwelling-houses which were rendered fit after service of formal notices :	
(a) By owners ... ..	—
(b) By Local Authority in default of owner	—

## (b) Proceedings under the Public Health Act :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	49
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(2) Number of dwelling-houses in which defects were remedied after service of formal notices :	
(a) By owners ... ..	49
(b) By Local Authority in default of owner	—
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936* :	
(1) Number of dwelling-houses in respect of which Demolition Orders were made ...	72
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	64
(d) Proceedings under Section 12 of the Housing Act, 1936* :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..	8
(2) Number of undertakings accepted to close houses for human habitation ... ..	11
(3) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... ..	Nil
(4) Reconditioning schemes accepted in respect of dwelling-houses ... ..	3
(e) Proceedings under Local Government (Miscellaneous Provisions) Act, 1953* :	
(1) Number of dwelling-houses in respect of which Closing Orders were made ... ..	25
(f) Proceedings under Housing Act, 1949* :	
(1) Number of dwelling-houses closed under Section 3 ... ..	Nil
(g) Proceedings for demolition of unfit houses owned by Local Authority (Circular 33/56) ...	2

\*or re-enacted provisions of the Housing Act, 1957.

